

Missouri

UNIFORM APPLICATION
FY 2018 BEHAVIORAL HEALTH REPORT
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

OMB - Approved 06/07/2017 - Expires
(generated on 10/16/2017 9.04.52 AM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

I: State Information

State Information

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III. Expenditure Period

State Expenditure Period

From 7/1/2016

To 6/30/2017

Block Grant Expenditure Period

From 10/1/2014

To 9/30/2016

IV. Date Submitted

Submission Date 10/16/2017 9:03:25 AM

Revision Date

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Footnotes:

II: Annual Report

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

Priority Area: Coordination of Primary Care and Behavioral Health Services

Priority Type: SAT, MHS

Population(s): SMI, SED

Goal of the priority area:

Coordinate consumers' primary and behavioral healthcare in order to improve consumer health and reduce medical costs

Strategies to attain the goal:

- 1) Continue to coordinate preventive and primary care for Health Home participants
- 2) Conduct pilot of Children's Health Home project focusing on children with serious emotional disturbance and obesity
- 3) Continue outreach to Medicaid-enrolled adults who 1) have a substance use disorder or serious mental illness, 2) have high annual healthcare costs, and 3) are not currently enrolled in behavioral health treatment
- 4) Contract with the Missouri Institute for Mental Health for ongoing evaluation of Missouri's Health Homes and Disease Management programs

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of participants in Health Homes per fiscal year

Baseline Measurement: 25,278 (FY 2014)

First-year target/outcome measurement: 25,800

Second-year target/outcome measurement: 26,200

New Second-year target/outcome measurement(if needed):

Data Source:

Number of Health Homes participants is determined from a Per Member Per Month (PMPM) data file submitted to DMH from the Missouri Medicaid agency MO Healthnet on a monthly basis. These are individuals who participated at any time during the specified fiscal year.

New Data Source(if needed):

Description of Data:

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of participants in Health Homes in FY 2016 is 35,755.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of Health Home participants in FY 2017 is 33,017

How second year target was achieved (optional):**Indicator #:**

2

Indicator:

Number of participants in DM 3700 per fiscal year

Baseline Measurement:

2,584 (FY 2014)

First-year target/outcome measurement:

2,625

Second-year target/outcome measurement:

2,700

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH information system

New Data Source(if needed):**Description of Data:**

These are individuals who participated at any time during the specified fiscal year. A participant in the DM 3700 is defined as a consumer who is listed on the DM 3700 master list and who has an open episode of care for CPS treatment during the specified fiscal year.

New Description of Data(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Number of participants in DM 3700 in FY 2016 is 3,636.

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Number of participants in DM 3700 in FY 2017 is 4,362

Indicator #:

3

Indicator:

Number of participants in ADA Disease Management

Baseline Measurement:

187 (FY 2014)

First-year target/outcome measurement:

800

Second-year target/outcome measurement:

1,200

New Second-year target/outcome measurement(if needed):**Data Source:**

DMH Information System

New Data Source(if needed):**Description of Data:**

A participant in ADA DM is defined as a consumer who is listed on the ADA Disease Management master list and who has an open episode of care for ADA treatment during the specified fiscal year.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Number of participants in ADA Disease Management in FY 2016 is 806.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of participants in ADA Disease Management in FY 2017 is 929. FY 2017 actual number is greater than baseline and actual number achieved for FY 2016. Proposed change is to modify target.

How second year target was achieved (optional):

Priority #: 2
Priority Area: Crisis Intervention
Priority Type: SAT, MHS
Population(s): SMI, SED

Goal of the priority area:

Promote safety and emotional stability, minimize further deterioration in mental state, increase access to treatment and support services, and improve individual outcomes for individuals in behavioral health crisis; better utilize limited criminal justice and healthcare resources by linking individuals needing behavioral healthcare services to those services

Strategies to attain the goal:

- 1) Identify and address structural barriers, miscommunications, and consistent patterns that reduce access to behavioral healthcare services
- 2) Provide behavioral health expertise to law enforcement, court personnel, and primary healthcare staff in order to more effectively respond to behavioral health crises
- 3) Advocate for and engage individuals in crisis in behavioral health treatment and support services
- 4) Provide immediate person-centered interventions to individuals in mental health crisis and facilitate timely access to services and supports

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of referrals to the Community Mental Health Liaisons
Baseline Measurement: 3,696 (FY 2014)
First-year target/outcome measurement: 5,000
Second-year target/outcome measurement: 5,000
New Second-year target/outcome measurement(if needed):

Data Source:

Number tracked and reported by the Coalition of Community Behavioral Healthcare

New Data Source(if needed):**Description of Data:**

N/A

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Number of referrals to the Community Mental Health Liaisons in FY 2016 is 8,189.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Number of referrals to the Community Mental Health Liaisons in FY 2017 is 8,791.

Indicator #: 2

Indicator: Number served in the Emergency Room Enhancement project

Baseline Measurement: 852 (FY 2014)

First-year target/outcome measurement: 1,000

Second-year target/outcome measurement: 1,200

New Second-year target/outcome measurement(if needed):**Data Source:**

Number served is tracked and reported by the Missouri Institute for Mental Health

New Data Source(if needed):**Description of Data:**

N/A

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number served in the Emergency Room Enhancement project in FY 2016 is 1,329.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number served in the Emergency Room Enhancement project in FY 2017 is 1,621.

Indicator #: 3

Indicator: Number of new law enforcement officers trained in Crisis Intervention Team

Baseline Measurement: 681 (FY 2014)

First-year target/outcome measurement: at least 400

Second-year target/outcome measurement: at least 400

New Second-year target/outcome measurement(if needed):

Data Source:

Number of law enforcement officers trained in CIT is tracked and reported by NAMI-St. Louis.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of new law enforcement officers trained in Crisis Intervention Team in FY 2016 is 800.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of new law law enforcement officers trained in Crisis Intervention Team in FY 2017 is 2,500.

Indicator #: 4

Indicator: Number of calls to the Access Crisis Intervention (ACI) hotlines

Baseline Measurement: 81,908 (FY 2014)

First-year target/outcome measurement: at least 80,000

Second-year target/outcome measurement: at least 80,000

New Second-year target/outcome measurement(if needed):**Data Source:**

Number of ACI calls is tracked and reported by the contracted agencies on a quarterly basis

New Data Source(if needed):**Description of Data:**

N/A

New Description of Data(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Number of calls to the Access Crisis Intervention (ACI) hotlines in FY 2016 is 83,985.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Number of calls to the Access Crisis Intervention (ACI) hotlines in FY 2017 is 88,183.

Priority #: 3
Priority Area: Substance Abuse Traffic Offenders' Program (SATOP)
Priority Type: SAT
Population(s): Other (DUI/DWI Offenders)

Goal of the priority area:

Reduce DWI recidivism and initiate treatment services for those with substance use disorder

Strategies to attain the goal:

- 1) Require additional interview questions outside of the Driver Risk Inventory (DRI-II) to ensure assessment consistency
- 2) Implement SATOP-specific continuing education training for SATOP Qualified Professionals
- 3) Evaluate the feasibility of lowering the Blood Alcohol Content (BAC) placement criteria for levels I and II
- 4) Continue to educate judiciary and prosecutors on SATOP screening and referral process

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Implement SATOP specific continuing education training for SATOP Qualified Professionals
Baseline Measurement: N/A
First-year target/outcome measurement: In progress
Second-year target/outcome measurement: Implemented
New Second-year target/outcome measurement(if needed):

Data Source:

Implementation of SATOP training considered complete with the award of Continuing Education Units (CEU).

New Data Source(if needed):**Description of Data:**

N/A

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Completed in FY 2016.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Implemented in FY 2017.

Indicator #: 2

Indicator: Implement a standardized set of interview questions outside of the DRI-II

Baseline Measurement: N/A

First-year target/outcome measurement: In progress

Second-year target/outcome measurement: Implemented

New Second-year target/outcome measurement(if needed):**Data Source:**

Input from the subcommittee of SATOP administrators will be required to develop the interview questions. Required implementation is established in SATOP policy.

New Data Source(if needed):**Description of Data:**

N/A

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Completed in FY 2016.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Implemented in FY 2017.

Priority #: 4

Priority Area: Department of Corrections Community Supervised Offenders

Priority Type: SAT, MHS

Population(s): SMI, PP, Other (Criminal/Juvenile Justice)

Goal of the priority area:

Improve access to clinically appropriate services

Strategies to attain the goal:

- 1) Monitor and target technical assistance to Probation and Parole Officers and treatment providers on the prioritization process for offenders needing substance use disorder treatment in order to facilitate rapid assessment and treatment initiation
- 2) Maintain Memorandum of Understandings (MOU) with the Department of Corrections for coordination of behavioral health treatment services
- 3) Continue the CMHT – Community Mental Health Treatment (mental illness) and MH4 (severe mental illness) programs
- 4) In coordination with DOC, develop a prioritization process for offenders in the CMHT program
- 5) Continue to participate on the DOC Oversight Committee

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of High Priority referrals for substance use treatment

Baseline Measurement: 1,560 (FY 2014)

First-year target/outcome measurement: 1,700

Second-year target/outcome measurement: 1,800

New Second-year target/outcome measurement(if needed): at least 1,600

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

Number of High Priority referrals for substance use disorder treatment is determined from admission data in the DMH information system.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Over-estimated use of referral form by parole and probation officers. Oversight committee will meet with parole and probation officers in November to discuss any problems with the use of the form. Revised target for FY 2017.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of High Priority referrals for substance use treatment in FY 2017 is 1,790.

Indicator #: 2

Indicator: Current MOU between DMH and DOC?

Baseline Measurement: yes (FY 2014)

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement(if needed):

Data Source:

MOU documentation is maintained by the DMH contracts unit.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

MOU between DMH and DOC renewed.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

MOU between DMH and DOC renewed.

Indicator #: 3

Indicator: Number served in CMHT and MH4 programs

Baseline Measurement: 2,214 (FY 2014)

First-year target/outcome measurement: at least 2,000

Second-year target/outcome measurement: at least 2,000

New Second-year target/outcome measurement(if needed): 1,500

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

Number served in the CMHT and MH4 programs is determined from billing data in the DMH information system.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Oversight committee is reviewing programs to identify any barriers. Revised target for FY 2017 to 1,500.

How first year target was achieved (optional):

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number served in CMHT and MH4 programs in FY 2017 is 1,356 which is below the target of 1,500 but about the same as the actual number served for FY 2016 (1,350).

How second year target was achieved (optional):

Priority #: 5

Priority Area: Tobacco Prevention / Cessation

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Reduce tobacco initiation and promote tobacco cessation among vulnerable populations

Strategies to attain the goal:

- 1) Support provider training in tobacco cessation with proven effectiveness
- 2) Promote the inclusion of tobacco cessation in the consumer's behavioral health treatment plan
- 3) Track smoking prevalence in mental health and substance use disorder treatment populations
- 4) Support tobacco cessation on Missouri's college campuses
- 5) Ensure the provision of tobacco enforcement and merchant education:
 - a. Continue contracting with the Food and Drug Administration for the enforcement of federal tobacco control laws
 - b. Maintain a Memorandum of Agreement with the Division of Alcohol and Tobacco Control for state and federal enforcement of tobacco control laws
 - c. Conduct a merchant education visit to every tobacco retailer in the state

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Annual Synar non-compliance rate is less than 20 percent?

Baseline Measurement: yes (FY 2014)

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement(if needed):

Data Source:

Synar rate is determined from annual Synar survey. For FY 2016, this will be completed by October 1, 2016. For FY 2017, this will be completed by October 1, 2017.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Synar non-compliance rate was 7.7%.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Synar rate is 13 percent.

Indicator #: 2

Indicator: Number of tobacco retailers visited and provided with retailer educational materials per fiscal year

Baseline Measurement: 5,447 (FY 2014)

First-year target/outcome measurement: at least 5,000

Second-year target/outcome measurement: at least 5,000

New Second-year target/outcome measurement(if needed):

Data Source:

Number of tobacco retailers visited and provided educational materials is documented by prevention agencies, entered into a database by DMH staff, and reported in the State's Annual Synar Report.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Number of tobacco retailers visited and provided with retailer educational materials in FY 2016 is 5,477.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Indicator #: 3

Indicator: Number of nicotine replacement quit kit items distributed on Missouri college campuses per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 567

Second-year target/outcome measurement: 567

New Second-year target/outcome measurement(if needed): at least 100.

Data Source:**New Data Source(if needed):****Description of Data:****New Description of Data:(if needed)****Data issues/caveats that affect outcome measures:****New Data issues/caveats that affect outcome measures:****Report of Progress Toward Goal Attainment**

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Funding was cut. Revise target for FY 2017 to 'at least 100'.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of nicotine replacement quit kit items distributed on Missouri college campuses in FY 2017 is 166.

Priority #: 6

Priority Area: Recovery Support Services

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, IVDUs, Other (Adolescents w/SA and/or MH, Rural, Criminal/Juvenile Justice, Homeless, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Provide support services to promote sustained recovery from behavioral health disorders

Strategies to attain the goal:

- 1) Continue the five Drop-In Centers and five Peer Support Phone Lines for persons with mental illness
- 2) Maintain a housing unit to administer the Shelter Plus Care grants to provide housing assistance to long-term DMH consumers
- 3) Promote use of IPS Supported Employment
- 4) Implement an enhanced training curriculum for Family Support Specialists
- 5) Implement the ATR IV grant

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of contracts for Consumer Operated Service Programs for persons with mental illness per fiscal year

Baseline Measurement: 10

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

New Second-year target/outcome measurement(if needed):

Data Source:

Contracts are maintained by the DMH Contracts Unit.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of contracts for Consumer Operated Service Programs for persons with mental illness in FY 2016 is 10.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of contracts for Consumer Operated Service Programs for persons with mental illness in FY 2017 is 10.

Indicator #: 2

Indicator: Number of Supported Employment programs per fiscal year

Baseline Measurement: 11 (FY 2014)

First-year target/outcome measurement: 11

Second-year target/outcome measurement: 12

New Second-year target/outcome measurement(if needed):

Data Source:

The number of IPS Supported Employment programs is tracked by DMH staff.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of Supported Employment programs in FY 2016 is 13.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of Supported Employment programs in FY 2017 is 17.

Indicator #: 3

Indicator: Number of trainings using the enhanced curriculum for Family Support Specialists per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 2

New Second-year target/outcome measurement(if needed):

Data Source:

The number of Family Support trainings is tracked by the Children's Services Unit.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of trainings using the enhanced curriculum for Family Support Specialists in FY 2016 is 3.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of trainings using the enhanced curriculum for Family Support Specialists in FY 2017 is 9.

Indicator #: 4

Indicator: Number served in ATR IV

Baseline Measurement: N/A

First-year target/outcome measurement: 1,428

Second-year target/outcome measurement: 1,428

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

Number served in ATR IV will be tracked in the DMH information system. These are consumers who receive a service funded through the ATR IV program.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number served in ATR IV is 3,479.

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number served in ATR IV in FY 2017 is 3,873.

Priority #:

7

Priority Area:

Medication Assisted Treatment for Addiction

Priority Type:

SAT

Population(s):

PWWDC, PP, IVDUs

Goal of the priority area:

To further integrate medication therapy into the substance use disorder treatment service delivery system

Strategies to attain the goal:

- 1) Monitor utilization of MAT by provider and provide technical assistance as needed
- 2) Increase utilization of different addiction medications at a given treatment provider
- 3) In collaboration with the drug manufacturer, Missouri Institute for Mental Health (MIMH), and the St. Louis Drug Courts, conduct an Investigator Trial on Vivitrol initiated prior to jail release
- 4) In collaboration with the Department of Corrections and MIMH, conduct a pilot study on the use of Vivitrol among incarcerated women who are released to the community
- 5) Implement the MAT Grant

Annual Performance Indicators to measure goal success

Indicator #:

1

Indicator:

Number of consumers receiving MAT

Baseline Measurement:

3,753 (FY 2014)

First-year target/outcome measurement:

4,000

Second-year target/outcome measurement:

4,200

New Second-year target/outcome measurement(if needed):

Data Source:

DMH Information System

New Data Source(if needed):

Description of Data:

Number of consumers receiving medication assisted treatment including use of methadone, Vivitrol, naltrexone, buprenorphine/Suboxone/Subsolv, Antabuse, and acamprosate is determined from medication billings to the DMH information system and Medicaid Claims, excluding billings occurring while in detox.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of consumers receiving MAT in FY 2016 is 5,106.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of consumers receiving MAT in FY 2017 is 5,026.

Priority #: 8

Priority Area: Community Advocacy and Education

Priority Type: SAP

Population(s): Other (Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Create positive community norms; policy change; promote mental wellness; and reduce alcohol, tobacco, and other drug availability in Missouri's communities

Strategies to attain the goal:

- 1) Build state and community capacity by fostering strong partnerships and identifying new opportunities for collaboration
- 2) Further data capacity in support of data-driven strategic planning to include the continuation of the Missouri Study Survey and the Behavioral Health web tool
- 3) Fund evidence-based programming to prevent substance use and bullying among high-risk youth
- 4) Continue the education initiative in Eastern Missouri to address heroin and other opiate drug use

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of heroin and other opiate drug use training and education activities per fiscal year

Baseline Measurement: 80

First-year target/outcome measurement: 80

Second-year target/outcome measurement: 80

New Second-year target/outcome measurement(if needed):

Data Source:

Number of heroin education activities is tracked and reported by the Eastern Regional Support Center.

New Data Source(if needed):

Description of Data:

N/A

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of heroin and other opiate drug use training and education activities in FY 2016 is 101.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of heroin and other opiate drug use training and education activities in FY 2017 is 83.

Indicator #: 2

Indicator: Number of high-risk youth served in prevention programs per fiscal year

Baseline Measurement: 26,691

First-year target/outcome measurement: at least 26,000

Second-year target/outcome measurement: at least 26,000

New Second-year target/outcome measurement(if needed): at least 6,100

Data Source:

Reported by contracted providers

New Data Source(if needed):

Description of Data:

Numbers of high-risk youth served in prevention programs are tracked and reported by contracted providers.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Definition and tracking were changed. Revised target for FY 2017 to 'at least 6,100'.

How first year target was achieved (optional):

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of high-risk youth served in prevention programs in FY 2017 is 3,873. One prevention provider had staffing issues but issue has since been resolved.

How second year target was achieved (optional):

Indicator #: 3

Indicator: Number of persons trained in Mental Health First Aid by the Regional Support Centers per fiscal year

Baseline Measurement: 1,519 (FY 2014)

First-year target/outcome measurement: 2,200
Second-year target/outcome measurement: 2,200
New Second-year target/outcome measurement(if needed): at least 1,000

Data Source:

Regional Support Centers

New Data Source(if needed):

Description of Data:

The number trained in MHFA are tracked and reported by the Regional Support Centers.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of persons trained in Mental Health First Aid by the Regional Support Centers in FY 2017 is 1,237. Had trainer turnover that lowered number of trainings.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of persons trained in Mental Health First Aid by the Regional Support Centers in FY 2017 is 1,507.

Priority #: 9
Priority Area: School-Based Prevention Education
Priority Type: SAP
Population(s): Other (Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

To delay onset of substance use, reduce use, improve overall school performance, and reduce incidents of violence

Strategies to attain the goal:

- 1) Enhance protective factors and reverse or reduce risk factors for substance use and violence
- 2) Improve academic and social-emotional learning to address risk factors
- 3) Employ interactive techniques that allow for active involvement in learning
- 4) Reinforce prevention skills over time with repeated interventions
- 5) Ensure programming is culturally competent and age appropriate
- 6) Conduct annual fidelity reviews

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of students participating in SPIRIT per fiscal year
Baseline Measurement: 7,801 (FY 2014)

First-year target/outcome measurement: at least 7,600

Second-year target/outcome measurement: at least 7,600

New Second-year target/outcome measurement(if needed):

Data Source:

SPIRIT participation is tracked and reported by the program evaluator: Missouri Institute for Mental Health.

New Data Source(if needed):

Description of Data:

SPIRIT participation is tracked and reported by the program evaluator: Missouri Institute for Mental Health.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of students participating in SPIRIT in FY 2017 is 8,031.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of students participating in SPIRIT in FY 2017 is 8,175.

Indicator #: 2

Indicator: Annual report generated?

Baseline Measurement: yes (FY 2014)

First-year target/outcome measurement: yes

Second-year target/outcome measurement: yes

New Second-year target/outcome measurement(if needed):

Data Source:

Missouri Institute for Mental Health

New Data Source(if needed):

Description of Data:

MIMH generates the annual report which is posted to the DMH public website.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Annual report generated for FY 2016.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Annual report generated for FY 2017.

Priority #: 10

Priority Area: Evidence-based Mental Health Practices

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

Continue evidence-based practice to the same standards and fidelity as shown to be effective in research

Strategies to attain the goal:

- 1) Continue support for EBP programs
- 2) Provide on-going monitoring of fidelity in EBP programs

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number served in Integrated Treatment for Co-Occurring Disorders (ITCOD)

Baseline Measurement: 1,750 (FY 2014)

First-year target/outcome measurement: at least 1,600

Second-year target/outcome measurement: at least 1,600

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

Number served based on billing data submitted via the DMH information system.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number served in Integrated Treatment for Co-Occurring Disorders (ITCOD) in FY 2016 is 2,109.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number served in Integrated Treatment for Co-Occurring Disorders (ITCOD) in FY 2017 is 2,396.

Indicator #: 2

Indicator: Number served in Assertive Community Treatment (ACT)

Baseline Measurement: 654 (FY 2014)

First-year target/outcome measurement: at least 600

Second-year target/outcome measurement: at least 600

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

Number served based on billing data submitted via the DMH information system.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number served in Assertive Community Treatment (ACT) in FY 2016 is 728.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number served in Assertive Community Treatment (ACT) in FY 2017 is 988.

Priority #: 11

Priority Area: IV Drug Users

Priority Type: SAT

Population(s): IVDUs

Goal of the priority area:

Ensure the provision of services to IV drug users in accordance with Substance Abuse Prevention and Treatment Block Grant statutory requirements

Strategies to attain the goal:

- 1) Monitor contractual requirements pertaining to IV drug users
- 2) Continue collecting wait list and capacity management data from contracted providers
- 3) Generate reports for wait list data and interim services billings in support of monitoring efforts
- 4) Increase one-on-one discussions with key provider

Annual Performance Indicators to measure goal success**Indicator #:** 1**Indicator:** Number of IV drug users served in substance use treatment per fiscal year (assuming same level of funding)**Baseline Measurement:** 9,288 (FY 2014)**First-year target/outcome measurement:** at least 9,000**Second-year target/outcome measurement:** at least 9,000**New Second-year target/outcome measurement(if needed):****Data Source:**

DMH information system

New Data Source(if needed):**Description of Data:**

Number served based on billing data submitted to the DMH information system. These are individuals for whom a paid claim on a substance use disorder treatment program was submitted to and paid by DMH. Injection drug use is determined from the TEDS data also captured in the DMH information system. The route of substance was IV injection or non-IV injection on the primary, secondary, or tertiary substances.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

Number of IV drug users served in SUD treatment in FY 2016 is 10,319.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)**Reason why target was not achieved, and changes proposed to meet target:****How second year target was achieved (optional):**

Number of IV drug users served in SUD treatment in FY 2017 is 10,860.

Indicator #: 2**Indicator:** Percent of SAPT Block Grant funded providers reporting wait list and capacity management data**Baseline Measurement:** 100% (FY 2014)**First-year target/outcome measurement:** 100%

Second-year target/outcome measurement: 100%

New Second-year target/outcome measurement(if needed):

Data Source:

DBH Research staff monitor wait list and capacity management reporting and follow-up with providers if they do not meet submission deadlines.

New Data Source(if needed):

Description of Data:

DBH Research staff monitor wait list and capacity management reporting and follow-up with providers if they do not meet submission deadlines.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Percent of Block Grant funded providers reporting wait list data in FY 2016 is 100%.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Percent of Block Grant funded providers reporting wait list data in FY 2017 is 100%.

Priority #: 12

Priority Area: Substance-Abusing Pregnant Women and Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Continue to provide services to pregnant women and women with dependent children

Strategies to attain the goal:

- 1) Monitor contractual compliance with regard to admission of pregnant women to substance use disorder treatment
- 2) Continue collecting wait list and capacity management data from contracted providers
- 3) Engage TANF referred individuals in substance use disorder treatment at a clinically appropriate level of care

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: 1) Number of pregnant women and women with dependent children served in substance use disorder treatment per fiscal year (assuming the same level of funding)

Baseline Measurement: 6,307 (FY 2014)

First-year target/outcome measurement: at least 6,000

Second-year target/outcome measurement: at least 6,000

New Second-year target/outcome measurement(if needed):

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

The number of pregnant women and women with dependent children served is captured in the DMH information system. These are individuals for which a paid claim was submitted to and paid by DMH. Pregnancy status and number of dependent children are also captured.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of pregnant women and women with dependent children served in substance abuse treatment in FY 2016 is 6,267.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of pregnant women and women with dependent children served in substance abuse treatment in FY 2017 is 6,348.

Priority #: 13

Priority Area: Infectious Disease Prevention and Treatment

Priority Type: SAT

Population(s): HIV EIS, TB

Goal of the priority area:

Reduce the incidence of HIV/TB/STDs/Hepatitis among consumers in substance use disorder treatment and those in close contact with consumers; have all consumers get screened for HIV/TB/STDs/Hepatitis; and have consumers needing treatment for HIV/TB/STDs/Hepatitis get linked to the appropriate services

Strategies to attain the goal:

- 1) Contractually require programs to
 - a. Have a working relationship with the local health department, physician, or other qualified healthcare provider in the community to provide any necessary testing services for HIV/TB/STDs/HepatitisArrange for HIV/TB/STDs/Hepatitis testing to be available to the client at any time during the course of the client's treatment,
 - b. Provide post-testing counseling for clients testing positive for HIV or TB, and
 - c. Provide education to clients and family members on the risks of HIV/TB/STDs/Hepatitis
- 2) Continue to track TB-related expenditures as required by federal regulations §96.127
- 3) Provide infectious disease training to provider staff

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Conducted survey of providers and developed technical assistance plan?
Baseline Measurement: N/A
First-year target/outcome measurement: In progress
Second-year target/outcome measurement: Completed
New Second-year target/outcome measurement(if needed):

Data Source:

Workgroup progress report

New Data Source(if needed):

Description of Data:

Survey instrument will be developed by a workgroup consisting of DBH clinical treatment and research staff. Information from the survey as well as data from the DMH information system pertaining to HIV/TB/STDs/Hepatitis will be used to develop a plan for training and technical assistance.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Survey completed. Workgroup meeting weekly. Plan in development.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Survey completed in FY 2016. Plans incorporated into Health Home project.

Priority #: 14
Priority Area: Mental Health Services for Transition-Aged Youth and Young Adults
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

To increase knowledge of effective interventions and supports and enhance skills of individuals who work with transition age youth/young adults and their families

Strategies to attain the goal:

- 1) Develop a Transitional Age Youth/Young Adult training presentation for community system of care providers that will
 - Provide information on important developmental interventions
 - Identify and individualize important learning objectives for audience members
 - Identify and increase awareness of resources necessary for effective transition services and supports
- 2) Conduct "Transition Age Youth/Young Adult" presentations at conferences or workshops
- 3) Develop a "template" training presentation for community system of care providers that can be customized by the Community System of Care teams

Annual Performance Indicators to measure goal success**Indicator #:** 1**Indicator:** Number of new communities that customize the "template" training presentation to their local system of care per fiscal year**Baseline Measurement:** N/A**First-year target/outcome measurement:** 1**Second-year target/outcome measurement:** 2**New Second-year target/outcome measurement(if needed):****Data Source:**

Tracked and reported by the Children's Unit.

New Data Source(if needed):**Description of Data:**

Tracked and reported by the Children's Unit.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)**Reason why target was not achieved, and changes proposed to meet target:****How first year target was achieved (optional):**

Number of new communities that customize the "template" training presentation to their local system of care in FY 2016 is 1.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)**Reason why target was not achieved, and changes proposed to meet target:****How second year target was achieved (optional):**

Number of new communities that customize the "template" training presentation to their local system of care in FY 2017 is 3.

Indicator #: 2**Indicator:** Number of conference or workshop trainings on Transition Age Youth/Young Adult per fiscal year**Baseline Measurement:** 6 (FY 2014)**First-year target/outcome measurement:** at least 1**Second-year target/outcome measurement:** at least 2**New Second-year target/outcome measurement(if needed):****Data Source:**

Tracked and reported by the Children's Unit.

New Data Source(if needed):

Description of Data:

Tracked and reported by the Children's Unit.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Number of conference or workshop trainings on Transition Age Youth/Young Adult in FY 2016 is 20.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Number of conference or workshop trainings on Transition Age Youth/Young Adult in FY 2017 is 16.

Indicator #:

3

Indicator:

Resource webpage for Transition Age Youth/Young Adult?

Baseline Measurement:

N/A

First-year target/outcome measurement: In progress

Second-year target/outcome measurement: Implemented

New Second-year target/outcome measurement(if needed):**Data Source:**

Children's Unit will track and report progress on resource webpage.

New Data Source(if needed):**Description of Data:**

Webpage implementation defined as when page(s) are placed into production.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Resource webpage for Transition Age Youth/Young Adult is complete.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved (optional):**

Resource webpage for Transition Age Youth/Young Adult completed in FY 2016.

Priority #: 15

Priority Area: Behavioral Healthcare Services for Children

Priority Type: SAT, MHS

Population(s): SED, Other (Adolescents w/SA and/or MH)

Goal of the priority area:

To enhance Children's Behavioral Health services by increasing the knowledge of effective services, supports and interventions, enhancing the skills of service providers and expanding services based on the needs of the children, youth and families served.

Strategies to attain the goal:

- 1) Expand access to Treatment Family Homes (TFH), Parent Professional Homes (PPH) and Family Support Providers (FSP) to children, youth and their families receiving services through the Adolescent C-STAR Program.
 - Revise MO State Plan to include TFH, PPH and FSP services for Adolescent C-STAR and propose to CMS. Continue to revise proposal as needed in response to CMS review and feedback.
 - Develop training curriculum related to TFH, PPH and FSP services and the specific needs of children, youth and their families eligible for Adolescent C-STAR services
 - Pending CMS approval of CSTAR revised MO State Plan proposal, provide training to DBH service providers using curriculum developed related to TFH, PPH and FSP services and the specific needs of children, youth and their families eligible for Adolescent C-STAR services.
- 2) Depending on the state of the economy as directed by state government, prepare to submit a budget request for increased funding to support additional ACT Teams for Transitional Age Youth.
- 3) Include a "monthly" news blast section in existing DBH Newsletter to distribute articles, research and stories specific to behavioral health and early childhood, children, youth and their families.
- 4) Develop a partnership with the Department of Elementary and Secondary Education (DESE) to improve transition planning and services from high school to post-secondary education and/or employment for children and youth receiving DBH services.
 - DBH Staff from children's services and employment services will participate on a state level transitions team with DESE to develop strategies for expanding and enhancing local school-based transition teams.
- 5) DBH service providers will actively participate on local school-based transition teams for the children and youth receiving DBH services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Submission of a revised state plan to Mo HealthNet (Medicaid) to add Treatment Family Home, Parent Professional Homes, and Family Support Provider services for the Adolescent CSTAR program

Baseline Measurement: N/A

First-year target/outcome measurement: In progress

Second-year target/outcome measurement: Submitted

New Second-year target/outcome measurement(if needed):

Data Source:

The Division of Behavioral Health's Children's Team will collect information related to the progress of the proposal process for submitted revisions to the MO State Plan to CMS.

New Data Source(if needed):**Description of Data:**

The Division of Behavioral Health's Children's Team will collect information related to the progress of the proposal process for submitted revisions to the MO State Plan to CMS.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Completed with revisions. It was decided that only Family Support Provider services would be added to the State Plan.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Completed in FY 2016.

Indicator #: 2

Indicator: "Monthly" electronic news blast in DBH Newsletter per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: 10

Second-year target/outcome measurement: 10

New Second-year target/outcome measurement(if needed):

Data Source:

Children's Unit will track and report number of news blasts distributed.

New Data Source(if needed):

Description of Data:

Children's Unit will track and report number of news blasts distributed.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Will establish new procedures for submitting and tracking news blasts.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Monthly electronic news blast in DBH Newsletter in FY 2017 is 11.

Indicator #: 3
Indicator: Number of DBH staff members participating on state level team per fiscal year
Baseline Measurement: N/A
First-year target/outcome measurement: 3
Second-year target/outcome measurement: 3

New Second-year target/outcome measurement(if needed):

Data Source:

Children's Unit will track and report number of DBH staff participating on the state level transition teams.

New Data Source(if needed):

Description of Data:

Children's Unit will track and report number of DBH staff participating on the state level transition teams.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of DBH staff members participating on the state level team in FY 2016 is 3.

Second Year Target: ☐ Achieved ☒ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of DBH staff members participating on state level team in FY 2017 is 2. Propose to revise target.

How second year target was achieved (optional):

Indicator #: 4

Indicator: Number of DBH providers participating on local school-based transition teams per fiscal year

Baseline Measurement: N/A

First-year target/outcome measurement: at least 5

Second-year target/outcome measurement: at least 10

New Second-year target/outcome measurement(if needed):

Data Source:

Children's Unit will track and report number of DBH providers participating on local school-based transition teams

New Data Source(if needed):

Description of Data:

Children's Unit will track and report number of DBH providers participating on local school-based transition teams

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Number of DBH providers participating on local school-based transition teams in FY 2016 is 7.

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of DBH providers participating on local school-based transition teams in FY 2017 is 10.

Priority #: 16

Priority Area: Military Servicemembers and Veterans

Priority Type: SAT, MHS

Population(s): Other (Military Families)

Goal of the priority area:

Increase use of treatment services by servicemembers and veterans

Strategies to attain the goal:

- 1) Enhance identifying military-connected clients during intake
- 2) Promote military cultural competency training with behavioral health professionals
- 3) Reduce stigma to seeking services through education
- 4) Raise awareness of services/programs offered in local communities

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of veterans receiving substance use treatment per fiscal year

Baseline Measurement: 2,987 (FY 2014)

First-year target/outcome measurement: 3,046

Second-year target/outcome measurement: 3,107

New Second-year target/outcome measurement(if needed): at least 2,100

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

Numbers of consumers with military service are determined by consumer military history and includes active, honorable discharged, medical discharged, less than honorable discharged, inactive reserve, active reserve, National Guard, and non-specified Veteran. A

consumer is counted if a paid claim was incurred at a contracted provider or a non-deleted claim was submitted to CIMOR for a state facility.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of veterans receiving SUD treatment in FY 2016 is 2,335. Revised target for FY 2017.

How first year target was achieved (optional):

Second Year Target: ☒ Achieved ☐ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of veterans receiving SUD treatment in FY 2017 is 2,199.

Indicator #: 2

Indicator: Number of veterans receiving mental health treatment per fiscal year

Baseline Measurement: 1,724 (FY 2014)

First-year target/outcome measurement: 1,758

Second-year target/outcome measurement: 1,793

New Second-year target/outcome measurement(if needed): at least 1,500

Data Source:

DMH information system

New Data Source(if needed):

Description of Data:

Numbers of consumers with military service are determined by consumer military history and includes active, honorable discharged, medical discharged, less than honorable discharged, inactive reserve, active reserve, National Guard, and non-specified Veteran. A consumer is counted if a paid claim was incurred at a contracted provider or a non-deleted claim was submitted to CIMOR for a state facility.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☒ Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

Number of veterans receiving mental health treatment in FY 2016 is 1,739. Revised target for FY 2017.

How first year target was achieved (optional):

Second Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Number of veterans receiving mental health treatment in FY 2017 is 1,847.

Footnotes:

III: Expenditure Reports

Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS).

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention* and Treatment	\$20,800,039		\$42,473,296	\$6,414,823	\$44,758,762	\$0	\$0
a. Pregnant Women and Women with Dependent Children*	\$3,311,005		\$1,917,099	\$0	\$6,860,457	\$0	\$0
b. All Other	\$17,489,034		\$40,556,197	\$6,414,823	\$37,898,305	\$0	\$0
2. Substance Abuse Primary Prevention	\$6,120,745		\$0	\$2,952,965	\$1,380,282	\$0	\$0
3. Tuberculosis Services	\$21		\$0	\$0	\$0	\$0	\$0
4. HIV Early Intervention Services**	\$0		\$0	\$0	\$0	\$0	\$0
5. State Hospital							
6. Other 24 Hour Care							
7. Ambulatory/Community Non-24 Hour Care							
8. Mental Health Primary Prevention							
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)							
10. Administration (Excluding Program and Provider Level)	\$1,151,117		\$0	\$865,078	\$1,140,489	\$0	\$0
11. SABG Total (Row 1, 2, 3, 4, 8, 9 and 10)	\$28,071,922	\$0	\$42,473,296	\$10,232,866	\$47,279,533	\$0	\$0

* Prevention other than primary prevention

** Only HIV designated states should enter information in this row

Please indicate the expenditures are actual or estimated.

☒ Actual ☐ Estimated

Footnotes:

Total State Expenditures equal \$47,279,533 plus the state portion of Medicaid Match \$14,536,309 for a total state expenditures of \$61,815,842.

III: Expenditure Reports

Table 3 - SAPT Block Grant Expenditure By Service

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Service	Expenditures
Healthcare Home/Physical Health	\$
Specialized Outpatient Medical Services;	
Acute Primary Care;	
General Health Screens, Tests and Immunizations;	
Comprehensive Care Management;	
Care coordination and Health Promotion;	
Comprehensive Transitional Care;	
Individual and Family Support;	
Referral to Community Services Dissemination;	
Prevention (Including Promotion)	\$
Screening, Brief Intervention and Referral to Treatment ;	
Brief Motivational Interviews;	
Screening and Brief Intervention for Tobacco Cessation;	
Parent Training;	
Facilitated Referrals;	
Relapse Prevention/Wellness Recovery Support;	
Warm Line;	
Substance Abuse (Primary Prevention)	\$
Classroom and/or small group sessions (Education);	
Media campaigns (Information Dissemination);	
Systematic Planning/Coalition and Community Team Building(Community Based Process);	

Parenting and family management (Education);	
Education programs for youth groups (Education);	
Community Service Activities (Alternatives);	
Student Assistance Programs (Problem Identification and Referral);	
Employee Assistance programs (Problem Identification and Referral);	
Community Team Building (Community Based Process);	
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental);	
Engagement Services	\$
Assessment;	
Specialized Evaluations (Psychological and Neurological);	
Service Planning (including crisis planning);	
Consumer/Family Education;	
Outreach;	
Outpatient Services	\$
Evidenced-based Therapies;	
Group Therapy;	
Family Therapy ;	
Multi-family Therapy;	
Consultation to Caregivers;	
Medication Services	\$
Medication Management;	
Pharmacotherapy (including MAT);	
Laboratory services;	
Community Support (Rehabilitative)	\$
Parent/Caregiver Support;	
Skill Building (social, daily living, cognitive);	

Case Management;	
Behavior Management;	
Supported Employment;	
Permanent Supported Housing;	
Recovery Housing;	
Therapeutic Mentoring;	
Traditional Healing Services;	
Recovery Supports	\$
Peer Support;	
Recovery Support Coaching;	
Recovery Support Center Services;	
Supports for Self-directed Care;	
Other Supports (Habilitative)	\$
Personal Care;	
Homemaker;	
Respite;	
Supported Education;	
Transportation;	
Assisted Living Services;	
Recreational Services;	
Trained Behavioral Health Interpreters;	
Interactive Communication Technology Devices;	
Intensive Support Services	\$
Substance Abuse Intensive Outpatient (IOP);	
Partial Hospital;	
Assertive Community Treatment;	

Intensive Home-based Services;	
Multi-systemic Therapy;	
Intensive Case Management ;	
Out-of-Home Residential Services	\$
Children's Mental Health Residential Services;	
Crisis Residential/Stabilization;	
Clinically Managed 24 Hour Care (SA);	
Clinically Managed Medium Intensity Care (SA) ;	
Adult Mental Health Residential ;	
Youth Substance Abuse Residential Services;	
Therapeutic Foster Care;	
Acute Intensive Services	\$
Mobile Crisis;	
Peer-based Crisis Services;	
Urgent Care;	
23-hour Observation Bed;	
Medically Monitored Intensive Inpatient (SA);	
24/7 Crisis Hotline Services;	
Other (please list)	\$
Total	\$0

Footnotes:

Missouri is opting out of this table.

III: Expenditure Reports

Table 4 - State Agency SABG Expenditure Compliance Report

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Category	FY 2015 SAPT Block Grant Award
1. Substance Abuse Prevention* and Treatment	\$19,772,631
2. Primary Prevention	\$5,661,805
3. Tuberculosis Services	\$0
4. HIV Early Intervention Services**	\$0
5. Administration (excluding program/provider level)	\$929,072
6. Total	\$26,363,508

*Prevention other than Primary Prevention

**HIV Designated States

Footnotes:

Amount of primary prevention funds planned for primary prevention programs (this amount should match the total reported in Table 5a and Table 5b) \$4,578,884.

Amount of primary prevention funds in Table 4, Line 2 that are planned for Prevention-SA resource development (this amount should not include funds reported in Table 5a or Table 5b) \$1,082,921.

III: Expenditure Reports

Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date: Expenditure Period End Date:

Strategy	IOM Target	SAPT Block Grant	Other Federal	State	Local	Other
Information Dissemination	Selective	\$ <input type="text" value="71,198"/>	\$ <input type="text" value="58,271"/>	\$ <input type="text" value="55,037"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Universal	\$ <input type="text" value="425,811"/>	\$ <input type="text" value="1,118,471"/>	\$ <input type="text" value="150,342"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Information Dissemination	Total	\$497,009	\$1,176,742	\$205,379	\$	\$
Education	Selective	\$ <input type="text" value="1,135,164"/>	\$ <input type="text"/>	\$ <input type="text" value="12,873"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Universal	\$ <input type="text" value="687,708"/>	\$ <input type="text"/>	\$ <input type="text" value="284,258"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Education	Total	\$1,822,872	\$	\$297,131	\$	\$
Alternatives	Selective	\$ <input type="text" value="355,947"/>	\$ <input type="text"/>	\$ <input type="text" value="5,467"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Universal	\$ <input type="text" value="9,557"/>	\$ <input type="text"/>	\$ <input type="text" value="11,289"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Alternatives	Total	\$365,504	\$	\$16,756	\$	\$
Problem Identification and Referral	Selective	\$ <input type="text" value="34"/>	\$ <input type="text"/>	\$ <input type="text" value="341"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Universal	\$ <input type="text" value="33"/>	\$ <input type="text"/>	\$ <input type="text" value="1,329"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Problem Identification and Referral	Total	\$67	\$	\$1,670	\$	\$
Community-Based Process	Selective	\$ <input type="text" value="136,775"/>	\$ <input type="text"/>	\$ <input type="text" value="104,070"/>	\$ <input type="text"/>	\$ <input type="text"/>

Community-Based Process	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Universal	\$ <input type="text" value="1,491,550"/>	\$ <input type="text"/>	\$ <input type="text" value="808,444"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Community-Based Process	Total	\$1,628,325	\$	\$912,514	\$	\$
Environmental	Selective	\$ <input type="text" value="5,325"/>	\$ <input type="text"/>	\$ <input type="text" value="5,804"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Universal	\$ <input type="text" value="22,238"/>	\$ <input type="text"/>	\$ <input type="text" value="27,324"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Environmental	Total	\$27,563	\$	\$33,128	\$	\$
Section 1926 Tobacco	Selective	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="70,802"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Universal	\$ <input type="text" value="1,529"/>	\$ <input type="text"/>	\$ <input type="text" value="498,692"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Section 1926 Tobacco	Total	\$1,529	\$	\$569,494	\$	\$
Other	Selective	\$ <input type="text" value="43,713"/>	\$ <input type="text"/>	\$ <input type="text" value="35,171"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Indicated	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Universal	\$ <input type="text" value="192,302"/>	\$ <input type="text" value="1,001,936"/>	\$ <input type="text" value="97,236"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Unspecified	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	Total	\$236,015	\$1,001,936	\$132,407	\$	\$
Grand Total		\$4,578,884	\$2,178,678	\$2,168,479	\$	\$

Footnotes:

III: Expenditure Reports

Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Activity	SAPT Block Grant	Other Federal Funds	State Funds	Local Funds	Other
Universal Direct	\$2,374,999	\$995,884	\$1,600,071		
Universal Indirect	\$455,729	\$1,124,523	\$278,842		
Selective	\$1,748,156	\$58,271	\$289,566		
Indicated					
Column Total	\$4,578,884.00	\$2,178,678.00	\$2,168,479.00	\$0.00	\$0.00

Footnotes:

III: Expenditure Reports

Table 5c - SABG Primary Prevention Priorities and Special Population Categories

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Targeted Substances	
Alcohol	<input checked="" type="checkbox"/>
Tobacco	<input checked="" type="checkbox"/>
Marijuana	<input checked="" type="checkbox"/>
Prescription Drugs	<input checked="" type="checkbox"/>
Cocaine	<input type="checkbox"/>
Heroin	<input checked="" type="checkbox"/>
Inhalants	<input type="checkbox"/>
Methamphetamine	<input checked="" type="checkbox"/>
Synthetic Drugs (i.e. Bath salts, Spice, K2)	<input type="checkbox"/>
Targeted Populations	
Students in College	<input checked="" type="checkbox"/>
Military Families	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
American Indians/Alaska Natives	<input type="checkbox"/>
African American	<input checked="" type="checkbox"/>
Hispanic	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islanders	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Rural	<input checked="" type="checkbox"/>
Underserved Racial and Ethnic Minorities	<input checked="" type="checkbox"/>

Footnotes:

III: Expenditure Reports

Table 6 - Resource Development Expenditure Checklist

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Resource Development Expenditures Checklist						
Activity	A. Prevention-MH	B. Prevention-SA	C. Treatment-MH	D. Treatment-SA	E. Combined	F. Total
1. Planning, Coordination and Needs Assessment		\$373,403.00				\$373,403.00
2. Quality Assurance				\$6,200.00		\$6,200.00
3. Training (Post-Employment)				\$1,050.00		\$1,050.00
4. Program Development		\$568,973.00		\$12,942.00		\$581,915.00
5. Research and Evaluation		\$140,545.00				\$140,545.00
6. Information Systems						\$0.00
7. Education (Pre-Employment)						\$0.00
8. Total	\$0.00	\$1,082,921.00	\$0.00	\$20,192.00	\$0.00	\$1,103,113.00























Footnotes:

III: Expenditure Reports

























Table 7 - Statewide Entity Inventory























Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Entity Number	I-BHS ID	<input checked="" type="checkbox"/>	Area Served (Statewide or SubState Planning Area)	Provider / Program Name	Mailing Address	City	State	Zip	SAPT Block Grant - A. Block Grant Funds (B + D + E)	SAPT Block Grant - B. Prevention (other than primary prevention) and Treatment Services	SAPT Block Grant - C. Pregnant Women and Women with Dependent Children	SAPT Block Grant - D. Primary Prevention	SAPT Block Grant - E. Early Intervention Services for HIV
1910a	MO101543	<input checked="" type="checkbox"/>	Southeast Region	Accredited Traffic - Cape Girardeau	2907 Independence Street Suite A	Cape Girardeau	MO	63703-5027	\$6,207	\$6,207	\$0	\$0	\$0
1910d	MO101719	<input checked="" type="checkbox"/>	Southeast Region	Accredited Traffic - Farmington	1602 W. Liberty	Farmington	MO	63640-1750	\$2,285	\$2,285	\$0	\$0	\$0
315	MO100687	<input checked="" type="checkbox"/>	Eastern Region	Assessment and Counseling Solutions	11648 Gravois Road Suite 245	Saint Louis	MO	63126	\$24,016	\$24,016	\$0	\$0	\$0
315e	MO101781	<input checked="" type="checkbox"/>	Eastern Region	Assessment and Counseling Solutions-Festus	109 Main Street, Suite F Suite 245	Festus	MO	63028	\$4,013	\$4,013	\$0	\$0	\$0
1674a	MO100626	<input checked="" type="checkbox"/>	Eastern	Assisted Recovery Centers of America, LLC (ARCA)	6651 Chippewa Street Suite 224	Saint Louis	MO	63109	\$1,219,596	\$1,219,596	\$0	\$0	\$0
173	MO903788	<input checked="" type="checkbox"/>	Eastern	BASIC	3026 Locust Street	Saint Louis	MO	63103-1329	\$10,755	\$10,755	\$5,684	\$0	\$0
173a	MO101558	<input checked="" type="checkbox"/>	Eastern	BASIC - Charlotte Merritts Ottley Transitional Women Center	3026 Locust Street	Saint Louis	MO	63101	\$159,265	\$159,265	\$159,265	\$0	\$0
173b	MO101735	<input checked="" type="checkbox"/>	Eastern	BASIC - GP CSTAR Site (3028 Locust)	3026 Locust Street	Saint Louis	MO	63103	\$74,044	\$74,044	\$0	\$0	\$0
1641	X	<input checked="" type="checkbox"/>	Eastern	Big Brothers Big Sisters of Eastern Missouri	501 North Grand Blvd.	St. Louis	MO	63103	\$51,843	\$0	\$0	\$51,843	\$0
090k	MO101037	<input checked="" type="checkbox"/>	Eastern Region	Bridgeway Counseling Services Inc	307 North Main Street	Saint Charles	MO	63301-2032	\$94,141	\$82,373	\$0	\$11,767	\$0
043q	MO100079	<input checked="" type="checkbox"/>	Southwest Region	Burrell - Larry Simmering Recovery Center	360 Rinehart Road	Branson	MO	65616	\$187,047	\$187,047	\$0	\$0	\$0
043b	MO101030	<input checked="" type="checkbox"/>	Southwest Region	Burrell Behavioral Health - Branson	155 Corporate Place	Branson	MO	65616	\$9,091	\$9,091	\$0	\$0	\$0
043o	MO101452	<input checked="" type="checkbox"/>	Southwest	Burrell Behavioral Health - DOC (District 10 Office)	2530 South Campbell Street	Springfield	MO	65807	\$4,073	\$4,073	\$0	\$0	\$0
043s	MO100134	<input checked="" type="checkbox"/>	Southwest	Burrell Behavioral Health - Kimberling City	13192 State Highway 13	Kimberling City	MO	65686-9897	\$5,737	\$5,737	\$0	\$0	\$0
043r	MO100097	<input checked="" type="checkbox"/>	Southwest	Burrell Behavioral Health - Nixa	301 East State Highway CC Suite 2	Nixa	MO	65714	\$1,342	\$1,342	\$0	\$0	\$0
043i	MO101804	<input checked="" type="checkbox"/>	Southwest	Burrell Behavioral Health - Springfield (1931 East Cherry)	1931 East Cherry Street	Springfield	MO	65802	\$74,946	\$74,946	\$0	\$0	\$0
043d	MO101556	<input checked="" type="checkbox"/>	Southwest	Burrell Behavioral Health - Springfield (1949 East Cherry)	1949 East Cherry Street	Springfield	MO	65802	\$18,195	\$18,195	\$0	\$0	\$0
				Burrell									

	043l	MO101553		Southwest	Behavioral Health - Springfield (Battlefield)	800 South Park Avenue	Springfield	MO	65807	\$6,335	\$6,335	\$0	\$0	\$0
	043g	MO101495		Southwest	Burrell Behavioral Health - Springfield (East Grand)	323 East Grand Street	Springfield	MO	65807	\$1,840	\$1,840	\$0	\$0	\$0
	043n	MO750593		Southwest	Burrell Behavioral Health - Springfield (S Park Ave)	800 South Park Avenue	Springfield	MO	65802	\$374,916	\$374,916	\$0	\$0	\$0
	043t	MO902004		Southwest	Burrell Behavioral Health Care Center	1300 Bradford Parkway	Springfield	MO	65804	\$245,348	\$71,044	\$0	\$174,304	\$0
	043p	MO100208		Southwest Region	Burrell Behavioral Health Care Center - Springfield	1322 South Campbell Avenue	Springfield	MO	65807-7887	\$26,707	\$26,707	\$0	\$0	\$0
	318	MO301603		Eastern	Center For Life Solutions, Inc.	637 Dunn Road Suite 180	Hazelwood	MO	63042-1755	\$616,358	\$616,358	\$0	\$0	\$0
	008	X		Statewide	Central Office	1706 E Elm Street	Jefferson City	MO	65101	\$930,490	\$778,642	\$0	\$151,848	\$0
	217c	MO101689		Northwest Region	Central States Mental Hlth Consultants	216 NW McNary Ct Suite F	Lees Summit	MO	64086-4001	\$9,415	\$9,415	\$0	\$0	\$0
	048e	MO101631		Southwest	Clark CMHC - Monett	411 Third St	Monett	MO	65708-2008	\$50,409	\$50,409	\$0	\$0	\$0
	048	MO101511		Southwest	Clark Community Mental Health Center	104 West Main Street	Pierce City	MO	65723	\$1,995	\$1,995	\$0	\$0	\$0
	048a	MO101028		Southeast Region	Clark Community Mental Health Center	404 Hwy 248	Cassville	MO	65625-9136	\$187	\$187	\$0	\$0	\$0
	048f	MO105673		Southwest Region	Clark Community Mental Health Center	509 South Jefferson Street	Aurora	MO	65605	\$166	\$166	\$0	\$0	\$0
	074c	MO100930		Southwest	Community Mental Health Consultants	815 South Ash Street	Nevada	MO	64772	\$87,420	\$87,420	\$0	\$0	\$0
	074e	MO100011		Southwest	Community MHC - Butler	815 South Ash Street	Nevada	MO	64772-3222	\$6,555	\$6,555	\$0	\$0	\$0
	074a	MO103330		Northwest	Community MHC - Harrisonville	306 South Independence Street	Harrisonville	MO	64701	\$14,327	\$14,327	\$0	\$0	\$0
	1642	X		Southwest	Community Partnership of the Ozarks	330 North Jefferson Avenue	Springfield	MO	65806	\$217,282	\$0	\$0	\$217,282	\$0
	249i	MO100737		Eastern Region	Community Services of Missouri - Arnold (Jeffco Blvd)	3488 Jeffco Boulevard Suite 103	Arnold	MO	63010	\$697	\$697	\$0	\$0	\$0
	249l	MO105418		Eastern Region	Community Services of Missouri - Des Peres	11736 Manchester Road	Des Peres	MO	63131-4614	\$324	\$324	\$0	\$0	\$0
	249k	MO101347		Eastern Region	Community Services of Missouri - Hazelwood	7231 North Lindbergh Boulevard	Hazelwood	MO	63042	\$8,468	\$8,468	\$0	\$0	\$0
	249e	MO105459		Eastern Region	Community Services of Missouri - Hillsboro	10904 Highway 21	Hillsboro	MO	63050-5922	\$3,541	\$3,541	\$0	\$0	\$0
	249y	MO100736		Eastern Region	Community Services of Missouri - O'Fallon	9019 Veterans Memorial Parkway	O'Fallon	MO	63366	\$932	\$932	\$0	\$0	\$0
	249c	MO105426		Eastern Region	Community Services of Missouri - St. Louis (S. Lindbergh)	8980 Watson Road	Saint Louis	MO	63119-5116	\$13,095	\$13,095	\$0	\$0	\$0

























	249m	MO102035		Eastern Region	Community Services of Missouri, Inc.	1175 Cave Springs Estate Drive	Saint Peters	MO	63376	\$29,526	\$29,526	\$0	\$0	\$0
	082a	MO901592		Eastern	Community Treatment, Inc.	227 East Main Street	Festus	MO	63028	\$201,539	\$201,539	\$0	\$0	\$0
	049au	MO100776		Central	Compass - Boonville (East Spring)	117 North Garth Avenue	Columbia	MO	65203-4103	\$2,398	\$2,398	\$2,398	\$0	\$0
	049i	MO106242		Southwest	Compass - Butler (E Dakota St)	205 East Dakota Street	Butler	MO	64730	\$38,470	\$38,470	\$0	\$0	\$0
	049bb	MO100809		Central	Compass - California	104 North Gerhart Road	California	MO	65018-2436	\$659	\$659	\$0	\$0	\$0
	049t	MO100321		Central	Compass - Camdenton	P.O. Box 1560	Camdenton	MO	65020	\$8,406	\$8,406	\$0	\$0	\$0
	049e	MO101509		Northwest Region	Compass - Carrollton (DOC)	Carroll County Senior Center	Carrollton	MO	64633	\$607	\$607	\$0	\$0	\$0
	049f	MO106267		Central	Compass - Columbia	403 Dysart Street	Columbia	MO	65201	\$129,345	\$129,345	\$0	\$0	\$0
	049an	MO750056		Central	Compass - Columbia (117 North Garth)	117 North Garth Avenue	Columbia	MO	65203	\$5,059	\$5,059	\$554	\$0	\$0
	049ak	MO902269		Central	Compass - Columbia (201 N Garth - McCambridge)	201 North Garth Avenue	Columbia	MO	65203	\$224,847	\$224,847	\$224,847	\$0	\$0
	049w	MO103918		Southwest	Compass - El Dorado Springs	107 West Broadway Street	El Dorado Springs	MO	64744	\$15,296	\$15,296	\$0	\$0	\$0
	049v	MO106283		Central	Compass - Eldon	206 South Mill Street	Eldon	MO	65026-1864	\$11,789	\$11,789	\$0	\$0	\$0
	049av	MO100483		Central	Compass - Fulton	2625 Fairway Drive Suite E	Fulton	MO	65251	\$15,339	\$15,339	\$443	\$0	\$0
	049r	MO103231		Northwest	Compass - Harrisonville	300 Galaxie Avenue	Harrisonville	MO	64701	\$16,980	\$16,980	\$0	\$0	\$0
	049ap	MO100187		Central	Compass - Jefferson City	227 Metro Drive	Jefferson City	MO	65109-1134	\$68,973	\$68,973	\$39,675	\$0	\$0
	049l	MO105814		Central	Compass - Lebanon	1216 Deadra Drive	Lebanon	MO	65536	\$5,706	\$5,706	\$0	\$0	\$0
	049x	MO100865		Northwest	Compass - Lexington	819 South 13 Highway	Lexington	MO	64067	\$9,897	\$9,897	\$0	\$0	\$0
	049bc	MO100927		Central	Compass - Linn	106 East Main Street	Linn	MO	65051	\$565	\$565	\$0	\$0	\$0
	049al	MO100179		Central	Compass - Linn Creek	1091 Midway Drive	Linn Creek	MO	65052	\$174,053	\$174,053	\$0	\$0	\$0
	049a	MO106614		Central	Compass - Marshall	941South Cherokee Drive Suite 2-B	Marshall	MO	65340-3646	\$16,646	\$16,646	\$0	\$0	\$0
	049c	MO103801		Southwest	Compass - Nevada	320 North Mac Boulevard	Nevada	MO	64772	\$33,154	\$33,154	\$0	\$0	\$0
	049o	MO103124		Northwest	Compass - Odessa	1278 West U.S. Highway 40	Odessa	MO	64076	\$12,100	\$12,100	\$0	\$0	\$0
	049ad	MO101499		Southwest	Compass - Osceola	101 Hospital Drive	Osceola	MO	64776-6284	\$4,825	\$4,825	\$0	\$0	\$0
	049z	MO100808		Northwest	Compass - Raymore	1010 Remington Plaza	Raymore	MO	64083-8640	\$31,795	\$31,795	\$0	\$0	\$0
	049b	MO106218		Southeast	Compass - Rolla	1450 East 10th Street	Rolla	MO	65401	\$87,056	\$87,056	\$0	\$0	\$0
	049k	MO103207		Central	Compass - Sedalia	1800 Community Drive	Clinton	MO	64735-8804	\$63,361	\$63,361	\$24,801	\$0	\$0
	049q	MO901543		Northwest	Compass - Warrensburg (Burkard Rd)	520 Burkard Road Suite C	Warrensburg	MO	64093	\$18,186	\$18,186	\$0	\$0	\$0
	049y	MO106234		Northwest Region	Compass - Warrensburg (East Market)	204 East Market Street	Warrensburg	MO	64093	\$11	\$11	\$0	\$0	\$0
	049p	MO103280		Northwest	Compass - Warrensburg (N. DeVasher)	703 North Devasher Road	Warrensburg	MO	64093	\$82,619	\$82,619	\$0	\$0	\$0





























	049g	MO106309		Southwest	Compass - Warsaw	17571 North Dam Access	Warsaw	MO	65355	\$34,544	\$34,544	\$0	\$0	\$0
	049	MO901527		Southwest	Compass Health Inc.	1800 Community Drive	Clinton	MO	64735	\$1,124,492	\$746,348	\$10,233	\$378,144	\$0
	058h	MO105772		Northwest	Comprehensive - Independence (E. College)	416 East College Street	Independence	MO	64050	\$10,426	\$10,426	\$9,372	\$0	\$0
	058g	MO101665		Northwest	Comprehensive - Independence (Parkway Addiction Center)	P.O. Box 260	Independence	MO	64050	\$56	\$56	\$0	\$0	\$0
	058d	MO100710		Northwest Region	Comprehensive - KC (58th St)	4311 East 58th Street	Kansas City	MO	64130	\$8,329	\$8,329	\$0	\$0	\$0
	058a	MO100518		Northwest	Comprehensive Mental Health Services	17844 East 23rd Street	Independence	MO	64057	\$277,863	\$277,863	\$104,286	\$0	\$0
	082b	MO103009		Eastern	Comtrea - Arnold	21 Municipal Drive	Arnold	MO	63010	\$127,951	\$127,951	\$0	\$0	\$0
	082f	MO101493		Eastern	Comtrea - High Ridge	227 East Main Street	Festus	MO	63028	\$23,293	\$23,293	\$0	\$0	\$0
	082e	MO101485		Eastern	Comtrea - Hillsboro	227 East Main Street	Festus	MO	63028	\$36,858	\$36,858	\$0	\$0	\$0
	082g	MO101487		Eastern	Comtrea - Hillsboro (Gold Finch Lane)	9501 Gold Finch Lane	Hillsboro	MO	63050	\$35,305	\$35,305	\$0	\$0	\$0
	082m	MO100083		Eastern	Comtrea - Hillsboro (Hickory Plaza)	227 Main Street	Festus	MO	63028 -1952	\$620	\$620	\$0	\$0	\$0
	082h	MO100081		Eastern Region	Comtrea - Northwest Valley Middle School	4300 Gravois Rd.	House Springs	MO	63051 -2304	\$7,721	\$7,721	\$0	\$0	\$0
	422	MO000081		Southwest Region	Door to Hope	P.O. Box 1049	Nixa	MO	65714	\$10,154	\$10,154	\$0	\$0	\$0
	MO101513	MO101513		Eastern Region	Eastern MO Alt Sentencing Services Inc	201 O Fallon Plaza	O Fallon	MO	63366	\$4,513	\$4,513	\$0	\$0	\$0
	210a	MO101623		Eastern Region	Eastern MO Alt Sentencing Services Inc	8 Westbury Drive	Saint Charles	MO	63301 -2537	\$8,222	\$8,222	\$0	\$0	\$0
	210b	MO103462		Eastern Region	Eastern MO Alt Sentencing Services Inc	71 Florissant Oak Shopping Center	Florissant	MO	63031	\$7,946	\$7,946	\$0	\$0	\$0
	210c	MO106077		Eastern Region	EMASS - St. Louis (S. Grand)	2724 Droste Road	Saint Charles	MO	63301	\$11,374	\$11,374	\$0	\$0	\$0
	275b	MO100711		Central Region	Escape Alcohol and Drug LLC	219 North 9th Street	Columbia	MO	65201	\$8,443	\$8,443	\$0	\$0	\$0
	056a	MO101128		Southeast	Family Counseling Center - Cape Girardeau	20 South Sprigg Street Suite 2	Cape Girardeau	MO	63703	\$299,130	\$299,130	\$295,457	\$0	\$0
	056c	MO101391		Southeast	Family Counseling Center - Caruthersville	915 Highway 84	Caruthersville	MO	63830 -1920	\$4,125	\$4,125	\$0	\$0	\$0
	056e	MO100620		Southeast	Family Counseling Center - Dexter	P.O. Box 71	Kennett	MO	63857 -0071	\$1,849	\$1,849	\$0	\$0	\$0
	056b	MO301793		Southeast	Family Counseling Center - Hayti (Stapleton Center)	P.O. Box 441	Hayti	MO	63851	\$331,597	\$331,597	\$0	\$0	\$0
	056k	MO101311		Southeast	Family Counseling Center - Kennett	P.O. Box 71	Kennett	MO	63857	\$26	\$26	\$0	\$0	\$0
	056ac	MO101227		Southeast	Family Counseling Center - Kennett (Jones St)	P.O. Box 470	Kennett	MO	63857	\$61,468	\$61,468	\$0	\$0	\$0
	056aa	MO102288		Southeast	Family Counseling Center - Kennett (Laura Dr)	1401 Laura Drive	Kennett	MO	63857 -1342	\$39,485	\$39,485	\$0	\$0	\$0








	056y	MO101564		Southeast	Family Counseling Center - Malden	875 Highway Vv	Kennett	MO	63857	\$19,540	\$19,540	\$0	\$0	\$0
	056m	MO105848		Southeast	Family Counseling Center - Mountain Grove	925 HWY V V	Kennett	MO	63857-0071	\$1,681	\$1,681	\$0	\$0	\$0
	056o	MO101501		Southeast	Family Counseling Center - New Madrid	925 Highway VV	Kennett	MO	63857	\$15,189	\$15,189	\$0	\$0	\$0
	056h	MO105640		Southeast	Family Counseling Center - Poplar Bluff	3001 Warrior Lane	Poplar Bluff	MO	63901	\$562	\$562	\$0	\$0	\$0
	056p	MO101548		Southeast	Family Counseling Center - Steele	624 North Walnut Street	Steele	MO	63877	\$14,367	\$14,367	\$0	\$0	\$0
	056f	MO000041		Southeast	Family Counseling Center - West Plains (Division Drive)	3411 Division Drive	West Plains	MO	65775	\$78,230	\$78,230	\$0	\$0	\$0
	056n	MO750502		Southeast	Family Counseling Center - West Plains (Lanton Road)	1015 Lanton Road	West Plains	MO	65775	\$155,327	\$155,327	\$0	\$0	\$0
	056ab	MO100202		Southeast Region	Family Counseling Center Inc	925 Highway VV	Kennett	MO	63857-0071	\$2,758	\$2,758	\$0	\$0	\$0
	056g	MO903598		Southeast	Family Counseling Center, Inc.	925 Highway V V P.O. Box 71	Kennett	MO	63857	\$239,248	\$65,452	\$12,097	\$173,796	\$0
	045g	MO101532		Northwest	Family Guidance Center	724 North 22nd Street	Saint Joseph	MO	64506	\$31,308	\$31,308	\$0	\$0	\$0
	045d	MO902673		Northwest	Family Guidance Center - Cameron	724 North 22nd Street	Saint Joseph	MO	64506-2604	\$42,209	\$42,209	\$0	\$0	\$0
	045c	MO902608		Northwest	Family Guidance Center - Maryville	724 North 22nd Street	Saint Joseph	MO	64506	\$42,214	\$42,214	\$0	\$0	\$0
	045a	MO105244		Northwest	Family Guidance Center - St Joseph (Felix)	901 Felix Street	Saint Joseph	MO	64501	\$144,250	\$144,250	\$0	\$0	\$0
	156b	MO101029		Southwest	Family Self Help Center	P.O. Box 1765	Joplin	MO	64804	\$207,035	\$207,035	\$206,901	\$0	\$0
	156c	MO100287		Southwest	Family Self Help Center - Neosho	118 West Spring Street	Neosho	MO	64850	\$30,301	\$30,301	\$26,988	\$0	\$0
	171	X		Northwest	First Call Alcohol/Drug Prevention & Recovery	633 East 63rd Street	Kansas City	MO	64110	\$231,251	\$0	\$0	\$231,251	\$0
	MO102027	MO102027		Eastern Region	Franklin County Community Services	1580 Denmark Road	Union	MO	63084	\$1,158	\$1,158	\$0	\$0	\$0
	055ad	MO101587		Southeast	Gibson Recovery Center - Cape Girardeau (Ellis)	213 North Sprigg Street	Cape Girardeau	MO	63703-6240	\$64,993	\$64,993	\$0	\$0	\$0
	055a	MO903911		Southeast	Gibson Recovery Center - Cape Girardeau (Linden St)	P.O. Box 1267	Cape Girardeau	MO	63702	\$237,702	\$237,702	\$0	\$0	\$0
	055ai	MO101720		Southeast	Gibson Recovery Center - HillCrest Pointe	P.O. Box 1267	Cape Girardeau	MO	63703-5703	\$8,229	\$8,229	\$0	\$0	\$0
	055ah	MO100058		Eastern	Gibson Recovery Center - Marble Hill (Hwy 34)	P.O. Box 1267	Cape Girardeau	MO	63703-4300	\$70,209	\$70,209	\$2,000	\$0	\$0
	055b	MO103785		Southeast	Gibson Recovery Center - Perryville	1418 West Saint Joseph Street Suite 60	Perryville	MO	63775	\$24,943	\$24,943	\$0	\$0	\$0
	055c	MO104593		Southeast	Gibson Recovery Center - Sikeston	137 East Front Street	Sikeston	MO	63801	\$23,171	\$23,171	\$0	\$0	\$0
	061k	MO101793		Central	Hannibal Council - Bowling Green	1420 Business 61 South	Bowling Green	MO	63334	\$12,147	\$12,147	\$0	\$0	\$0

	061i	MO100718		Central	Hannibal Council - Canton	504 Lewis Street	Canton	MO	63435	\$23,231	\$23,231	\$0	\$0	\$0
	061c	MO106101		Central	Hannibal Council - Macon	303 North Missouri Street Suite E	Macon	MO	63552	\$30,970	\$30,970	\$0	\$0	\$0
	061a	MO101011		Central	Hannibal Council - Mexico	201 East Monroe Street Suite 103	Mexico	MO	65265	\$38,844	\$38,844	\$0	\$0	\$0
	061e	MO106671		Central	Hannibal Council - Moberly	100 East Rollins Street Suite A	Moberly	MO	65270	\$30,441	\$30,441	\$0	\$0	\$0
	061d	MO750098		Central	Hannibal Council On Alcohol & Drug Abuse	146 Communications Drive	Hannibal	MO	63401	\$678,108	\$678,108	\$301,163	\$0	\$0
	154u	MO100045		Northwest	HCBC - Independence	103 North Main Street Suite 102	Independence	MO	64050	\$245,113	\$245,113	\$0	\$0	\$0
	154r	MO101483		Southwest Region	Heartland - Branson	602 South 6th Street	Branson	MO	65616	\$248	\$248	\$0	\$0	\$0
	154b	MO301785		Northwest	Heartland - - KC (1730 Prospect Ave)	1730 Prospect Avenue	Kansas City	MO	64127	\$43,467	\$43,467	\$0	\$0	\$0
	154q	MO101480		Southwest Region	Heartland - Bolivar	3371 South Springfield Avenue	Bolivar	MO	65613	\$248	\$248	\$0	\$0	\$0
	154a	MO100526		Northwest	Heartland - Excelsior Springs	1205 West College Street	Liberty	MO	64068	\$28,748	\$28,748	\$0	\$0	\$0
	154v	MO101478		Northwest Region	Heartland - KC (31st St)	100 West 31st Street Suite 400	Kansas City	MO	64108 -3302	\$361,227	\$361,227	\$0	\$0	\$0
	154af	MO101067		Northwest	Heartland - KC (McGee)	1212 McGee Street	Kansas City	MO	64106	\$15,252	\$15,252	\$0	\$0	\$0
	154k	MO100870		Northwest	Heartland - KC (TREND - 1534 Campbell)	1534 Campbell Street	Kansas City	MO	64108	\$739,614	\$739,614	\$0	\$0	\$0
	154z	MO101484		Northwest Region	Heartland - Seymour	123 East Clinton Ave	Seymour	MO	65746	\$62	\$62	\$0	\$0	\$0
	0277a	MO100719		Southeast Region	Heartland Alternative Service	106 South Main Street	Poplar Bluff	MO	63901 -5844	\$3,097	\$3,097	\$0	\$0	\$0
	154aa	MO101438		Northwest Region	Heartland Center for Behavioral Change	840 South Glenstone Avenue	Springfield	MO	65802 -3364	\$14,066	\$14,066	\$0	\$0	\$0
	1655	X		Northwest Region	Kim Wilson Housing	730 Armstrong Ave	Kansas City	MO	66101 -2702	\$6,679	\$6,679	\$0	\$0	\$0
	281c	MO101814		Central Region	Lake Area Citizens Advisory Board	P.O. Box 986	Camdenton	MO	65020	\$1,526	\$1,526	\$0	\$0	\$0
	281	MO101327		Central Region	Lake Area Citizens Advisory Board	106 West Highway 54	Camdenton	MO	65020	\$3,974	\$3,974	\$0	\$0	\$0
	401	X		Statewide	Learfield Communications	505 Hobbs Rd	Jefferson City	MO	65109	\$131,405	\$0	\$0	\$131,405	\$0
	208	MO101490		Eastern Region	Liberty Program Inc	11861 Westline Industrial Drive Suite 850	Saint Louis	MO	63146 -3300	\$1,440	\$1,440	\$0	\$0	\$0
	1646	X		Southeast	Lincoln University	Business & Finance 306 Young Hall PO Box 29	Jefferson City	MO	65109	\$156,262	\$0	\$0	\$156,262	\$0
	250a	MO100729		Northwest Region	Midwest ADP - Blue Springs	710 Main Street Suite P	Blue Springs	MO	64015	\$5,805	\$5,805	\$0	\$0	\$0
	250d	MO105251		Northwest Region	Midwest ADP - Gladstone	6060 North Oak Trafficway	Gladstone	MO	64118 -5189	\$9,730	\$9,730	\$0	\$0	\$0
	250e	MO105988		Northwest Region	Midwest ADP - Kansas City (West 39th St.)	615 West 39th Street	Kansas City	MO	64111	\$24,467	\$24,467	\$0	\$0	\$0
	250c	MO103470		Northwest Region	Midwest ADP - Raymore	313 NW Municipal Circle	Raymore	MO	64083	\$5,679	\$5,679	\$0	\$0	\$0
	250b	MO102068		Northwest Region	Midwest ADP Inc	3923 South Lynn Court	Independence	MO	64055	\$21,211	\$21,211	\$0	\$0	\$0

	1662	MO101491	<input checked="" type="checkbox"/>	Central Region	Missouri Alcohol Drug Assessment - Owensville	1014 West Highway 28	Owensville	MO	65066	\$201	\$201	\$0	\$0	\$0
	1647	X	<input checked="" type="checkbox"/>	Statewide	Missouri Alliance of Boys and Girls Clubs	1460 Bee Creek Road	Branson	MO	65616	\$508,747	\$0	\$0	\$508,747	\$0
	1653	X	<input checked="" type="checkbox"/>	Statewide	Missouri Association of Community Task Forces	428 E. Capitol	Jefferson City	MO	65101	\$559,129	\$0	\$0	\$559,129	\$0
	152	X	<input checked="" type="checkbox"/>	Eastern	National Council on Alcoholism & Drug Abuse	8790 Manchester Road	Brentwood	MO	63144	\$780,478	\$0	\$0	\$780,478	\$0
	262	MO102928	<input checked="" type="checkbox"/>	Eastern	New Beginnings Cstar	1408 North Kingshighway Boulevard Suite 004	Saint Louis	MO	63113 -1400	\$2,107	\$2,107	\$0	\$0	\$0
	226a	MO101187	<input checked="" type="checkbox"/>	Northwest Region	Northland Dependency Services LLC	3917 Broadway	Kansas City	MO	64111	\$4,833	\$4,833	\$0	\$0	\$0
	MO101755	MO101755	<input checked="" type="checkbox"/>	Northwest Region	Northland Dependency Services LLC	26 South Gallatin Street	Liberty	MO	64068	\$2,420	\$2,420	\$0	\$0	\$0
	052j	MO100305	<input checked="" type="checkbox"/>	Southwest	Ozark Center	P.O. Box 2526	Joplin	MO	64803	\$12,405	\$12,405	\$0	\$0	\$0
	052m	MO100242	<input checked="" type="checkbox"/>	Southwest Region	Ozark Center - Joplin (E 32nd Street)	3901 East 32nd Street	Joplin	MO	64803 -2526	\$70,157	\$70,157	\$0	\$0	\$0
	052b	MO100650	<input checked="" type="checkbox"/>	Southwest	Ozark Center - Joplin (Virginia St.)	305 Virginia Street	Joplin	MO	64801	\$87,624	\$87,624	\$0	\$0	\$0
	052l	MO100869	<input checked="" type="checkbox"/>	Southwest	Ozark Center - Lamar	P.O. Box 2526	Joplin	MO	64803	\$10,675	\$10,675	\$0	\$0	\$0
	052a	MO103389	<input checked="" type="checkbox"/>	Southwest	Ozark Center - Neosho	214 North Washington Street	Neosho	MO	64850	\$12,664	\$12,664	\$0	\$0	\$0
	052k	MO901501	<input checked="" type="checkbox"/>	Southwest	Ozark Center New Directions	3010 McClelland Boulevard	Joplin	MO	64804	\$207,726	\$207,726	\$0	\$0	\$0
	053a	MO102159	<input checked="" type="checkbox"/>	Central	Phoenix Programs, Inc.	90 East Leslie Lane	Columbia	MO	65202	\$724,050	\$724,050	\$0	\$0	\$0
	153ax	MO101458	<input checked="" type="checkbox"/>	Eastern	Preferred - Brentwood (S Brentwood) dba Bridgeway	P.O. Box 767	Kirksville	MO	63501 -0767	\$81,497	\$81,497	\$24,324	\$0	\$0
	153m	MO103892	<input checked="" type="checkbox"/>	Northwest	Preferred - Brookfield	1 Center Drive Burris Community Center, Suite 3	Brookfield	MO	64628	\$24,616	\$24,616	\$0	\$0	\$0
	153g	MO105780	<input checked="" type="checkbox"/>	Central	Preferred - Hannibal	4355 Paris Gravel Road	Hannibal	MO	63401	\$22,838	\$22,838	\$0	\$0	\$0
	153b	MO105723	<input checked="" type="checkbox"/>	Central	Preferred - Jefferson City (Adams St)	101 Adams Street	Jefferson City	MO	65101	\$62,317	\$62,317	\$0	\$0	\$0
	153q	MO100668	<input checked="" type="checkbox"/>	Central	Preferred - Jefferson City (Hoover Rd.)	210 Hoover Road	Jefferson City	MO	65109	\$212,689	\$212,689	\$0	\$0	\$0
	153ah	MO100922	<input checked="" type="checkbox"/>	Southwest	Preferred - Joplin	5620 West Wildwood Ranch Parkway	Joplin	MO	64804 -4520	\$52,714	\$52,714	\$0	\$0	\$0
	153af	MO106093	<input checked="" type="checkbox"/>	Central	Preferred - Kahoka	137 West Cedar Street	Kahoka	MO	63445	\$6,973	\$6,973	\$0	\$0	\$0
	153ac	MO102019	<input checked="" type="checkbox"/>	Northwest	Preferred - Kansas City	8333 East Blue Parkway	Kansas City	MO	64133	\$77,475	\$77,475	\$0	\$0	\$0
	153l	MO101169	<input checked="" type="checkbox"/>	Central	Preferred - Kirksville (S. Jamison)	P.O. Box 767	Kirksville	MO	63501	\$828,871	\$392,523	\$0	\$436,348	\$0
	153o	MO000025	<input checked="" type="checkbox"/>	Northwest	Preferred - Liberty	7 Westowne Street	Liberty	MO	64068	\$134,526	\$134,526	\$0	\$0	\$0
	153ab	MO101479	<input checked="" type="checkbox"/>	Northwest	Preferred - Milan	109 North Main Street	Milan	MO	63556	\$4,402	\$4,402	\$0	\$0	\$0
	153f	MO105046	<input checked="" type="checkbox"/>	Central	Preferred - Moberly	1715 South Morley Street Suite A	Moberly	MO	65270	\$31,083	\$31,083	\$0	\$0	\$0
					Preferred -									

	153at	MO100283		Eastern Region	Montgomery City (N Sturgeon) dba Bridgeway	108 North Sturgeon	Montgomery City	MO	63361-2503	\$488	\$488	\$0	\$0	\$0
	153aq	MO903879		Southwest	Preferred - Springfield (Catalpa)	P.O. Box 1277	Springfield	MO	65801	\$297,763	\$297,763	\$297,763	\$0	\$0
	153ap	MO101560		Southwest	Preferred - Springfield (Glenstone)	P.O. Box 1277	Springfield	MO	65804	\$22,856	\$22,856	\$0	\$0	\$0
	153ao	MO102252		Eastern	Preferred - St Louis (Newstead Ave)	4411 North Newstead Avenue 2nd Floor	Saint Louis	MO	63115-2534	\$39,709	\$39,709	\$0	\$0	\$0
	153e	MO105715		Eastern	Preferred - St. Charles	Brookville Office 900 East LaHarpe Street	Kirkville	MO	63501	\$99,938	\$99,938	\$0	\$0	\$0
	153aw	MO101136		Eastern	Preferred - St. Charles (Old South River Rd) dba Bridgeway	1601 Old South River Road	Saint Charles	MO	63303	\$481,193	\$481,193	\$367,377	\$0	\$0
	153av	MO100786		Eastern	Preferred - St. Charles (S Main St) dba Bridgeway	118 North 2nd Street Suite 200	Saint Charles	MO	63301-2894	\$135,157	\$135,157	\$12,440	\$0	\$0
	153az	MO101785		Eastern	Preferred - St. Charles (San Juan) dba Bridgeway	1570 South Main Street	Saint Charles	MO	63303	\$48,849	\$48,849	\$0	\$0	\$0
	153j	MO105038		Northwest	Preferred - St. Joseph	1702 Buckingham Drive	Saint Joseph	MO	64506-3605	\$26,538	\$26,538	\$0	\$0	\$0
	153w	MO100503		Eastern	Preferred - St. Louis (Northrup)	5025 Northrup Avenue	Saint Louis	MO	63110	\$99,344	\$99,344	\$0	\$0	\$0
	153d	MO100567		Eastern	Preferred - St. Louis (S. Broadway)	3800 South Broadway	Saint Louis	MO	63118	\$374,811	\$374,811	\$0	\$0	\$0
	153au	MO100765		Eastern	Preferred - St. Louis (Vandeventer) dba Bridgeway	P.O. Box 767	Kirkville	MO	63501-0767	\$365,673	\$365,673	\$0	\$0	\$0
	153as	MO100082		Eastern	Preferred - St. Peters (Parkway Dr) dba Bridgeway	P.O. Box 767	Kirkville	MO	63501-0767	\$155,839	\$155,839	\$39,102	\$0	\$0
	153ba	MO101824		Eastern	Preferred - Town and Country (S. Outer 40 Road) dba Bridgeway	P.O. Box 767	Kirkville	MO	63501-0767	\$53,799	\$53,799	\$15,869	\$0	\$0
	153n	MO105202		Northwest	Preferred - Trenton	1628 Oklahoma Avenue	Trenton	MO	64683	\$152,932	\$152,932	\$0	\$0	\$0
	153al	MO101648		Eastern	Preferred - Troy	101 West College Street Suite 1	Troy	MO	63379	\$16,018	\$16,018	\$0	\$0	\$0
	153bc	MO106069		Eastern	Preferred - Troy (E Cherry) dba Bridgeway	P.O. Box 767	Kirkville	MO	63501-0767	\$131,309	\$131,309	\$14,227	\$0	\$0
	153am	MO101090		Eastern	Preferred - Union	411 East Locust Street	Union	MO	63084	\$21,692	\$21,692	\$0	\$0	\$0
	153ay	MO101486		Eastern	Preferred - Union (W Main Street) dba Bridgeway	P.O. Box 767	Kirkville	MO	63501-0767	\$92,118	\$92,118	\$17,414	\$0	\$0
	153bb	MO102803		Eastern	Preferred - Warrenton (E Veterans Memorial Parkway) dba Bridgeway	P.O. Box 767	Kirkville	MO	63501-0767	\$86,500	\$86,500	\$9,838	\$0	\$0
	153an	MO101650		Eastern	Preferred - Wentzville	1776 Crosswinds Drive	Wentzville	MO	63385	\$2,287	\$2,287	\$0	\$0	\$0
	153i	MO101797		Central	Preferred Family Healthcare, Inc.	900 East LaHarpe Street	Kirkville	MO	63501	\$421,782	\$421,782	\$0	\$0	\$0
	1648	X		Southeast	Prevention Consultants	104 E. Seventh Street	Rolla	MO	65401	\$107,715	\$0	\$0	\$107,715	\$0
	189	MO100591		Eastern	Queen Of Peace Center	325 North Newstead Avenue	Saint Louis	MO	63108	\$98,333	\$98,333	\$98,333	\$0	\$0

	MO101482	MO101482		Southwest Region	RDC Group, dba Correction Services	2200 East Sunshine Street Suite 328	Springfield	MO	65804	\$5,705	\$5,705	\$0	\$0	\$0
057d	MO100864	MO100864		Northwest	ReDiscover	927 NE Columbus Street	Lees Summit	MO	64086	\$138,590	\$138,590	\$61,910	\$0	\$0
057j	MO101436	MO101436		Northwest	ReDiscover - KC (Catherine's Place)	3720 Gillham Road	Kansas City	MO	64111	\$20,687	\$20,687	\$20,536	\$0	\$0
057m	MO100191	MO100191		Northwest Region	ReDiscover - KC (Woodland Ave)	3211 Woodland Avenue	Kansas City	MO	64109-2073	\$156,432	\$156,432	\$155,293	\$0	\$0
057i	MO101786	MO101786		Northwest	ReDiscover - Lee's Summit	927 NE Columbus Street	Lees Summit	MO	64086-2977	\$52,217	\$52,217	\$35,854	\$0	\$0
057k	MO102287	MO102287		Northwest	ReDiscover - Lees Summit (Swan Circle)	901 NE Independence Avenue	Lees Summit	MO	64086	\$12,541	\$12,541	\$0	\$0	\$0
089b	MO101033	MO101033		Eastern	Salvation Army - Harbor Light Center	1130 Hampton Avenue	Saint Louis	MO	63139-3147	\$19,833	\$19,833	\$0	\$0	\$0
089a	MO750403	MO750403		Eastern	Salvation Army - Washington	2900 Washington Avenue	Saint Louis	MO	63103	\$488,010	\$488,010	\$0	\$0	\$0
183	MO100716	MO100716		Northwest	Samuel U Rodgers Health Center	1555-E NE Rice Road	Lees Summit	MO	64086-6034	\$458,902	\$458,902	\$0	\$0	\$0
1651	X	X		Northwest	SAVE Inc	3000 Harrison St, PO Box 45301	Kansas City	MO	64171	\$6,262	\$6,262	\$0	\$0	\$0
158d	MO105095	MO105095		Southeast	SEMOBH - Dexter	1526 West Business Highway 60	Dexter	MO	63841	\$19,032	\$19,032	\$0	\$0	\$0
158o	MO101468	MO101468		Southeast	SEMOBH - Doniphan	104 Washington Street Suite A	Doniphan	MO	63935	\$0	\$0	\$0	\$0	\$0
158c	MO902319	MO902319		Southeast	SEMOBH - Farmington	P.O. Box 459	Farmington	MO	63640-0459	\$96,135	\$96,135	\$0	\$0	\$0
158p	MO101451	MO101451		Southeast	SEMOBH - Farmington (DOC District 12 Office)	1430 Doubet Road	Farmington	MO	63640	\$43,868	\$43,868	\$0	\$0	\$0
158aa	MO100240	MO100240		Southeast Region	SEMOBH - Farmington (Ste Genevieve Ave)	1565 Saint Genevieve Avenue	Farmington	MO	63640-0459	\$140,137	\$140,137	\$0	\$0	\$0
158b	MO103157	MO103157		Southeast	SEMOBH - Houston	1597 North Highway 63	Houston	MO	65483	\$13,867	\$13,867	\$0	\$0	\$0
158t	MO101518	MO101518		Southeast	SEMOBH - Owensville	1014 West Highway 28	Owensville	MO	65066	\$23,829	\$23,829	\$0	\$0	\$0
158f	MO106705	MO106705		Southeast	SEMOBH - Park Hills (528 E Main)	5536 Highway 32 East	Farmington	MO	63640-0459	\$2,515	\$2,515	\$0	\$0	\$0
158q	MO101469	MO101469		Southeast	SEMOBH - Piedmont	P.O. Box 107	Poplar Bluff	MO	63902	\$10,970	\$10,970	\$0	\$0	\$0
158i	MO102289	MO102289		Southeast	SEMOBH - Pilot Knob (St. Mary)	P.O. Box 506	Park Hills	MO	63601-0506	\$7,408	\$7,408	\$0	\$0	\$0
158r	MO101471	MO101471		Southeast	SEMOBH - Poplar Bluff (DOC District 25 Office)	P.O. Box 506	Park Hills	MO	63601	\$3,998	\$3,998	\$0	\$0	\$0
158a	MO000022	MO000022		Southeast	SEMOBH - Poplar Bluff (S Main)	101 South Main Street	Poplar Bluff	MO	63901	\$204,009	\$204,009	\$0	\$0	\$0
158h	MO000021	MO000021		Southeast	SEMOBH - Poplar Bluff (Warrior Lane)	3150 Warrior Lane	Poplar Bluff	MO	63901	\$25,157	\$25,157	\$0	\$0	\$0
158e	MO102571	MO102571		Southeast	SEMOBH - Potosi	10071 Crescent Road	Potosi	MO	63664	\$29,732	\$29,732	\$0	\$0	\$0
158k	MO103140	MO103140		Southeast	SEMOBH - Rolla	1051 Kingshighway Suite 5	Rolla	MO	65401	\$41,565	\$41,565	\$0	\$0	\$0
158g	MO903853	MO903853		Southeast	SEMOBH - Salem (203 N Grand)	203 North Grand Street	Salem	MO	65560	\$242,974	\$242,974	\$0	\$0	\$0
158j	MO103165	MO103165		Southeast	SEMOBH - Steelville	312 North Franklin Street	Cuba	MO	65453-1717	\$32,558	\$32,558	\$0	\$0	\$0
158s	MO101470	MO101470		Southeast	SEMOBH - Van Buren	P.O. Box 107	Poplar Bluff	MO	63901	\$484	\$484	\$0	\$0	\$0

	158m	MO903259		Southeast	Southeast Missouri Behavioral Health, Inc.	P.O. Box 506	Park Hills	MO	63601-0506	\$100,635	\$21,716	\$0	\$78,919	\$0
	1694	X		Southeast	Southeast Missouri State University	One University Plaza	Cape Girardeau	MO	63701	\$66,841	\$0	\$0	\$66,841	\$0
	087b	MO903127		Northwest	Swope Health Services - Kansas City (51st St)	3801 Blue Parkway	Kansas City	MO	64130-2807	\$368,631	\$368,631	\$0	\$0	\$0
	185	MO105152		Northwest	Tri-County Mental Health Services	3100 NE 83rd Street Suite 1001	Kansas City	MO	64119	\$70,535	\$4,498	\$0	\$66,036	\$0
	1650	X		Southwest	United Way of the Ozarks/Ozarks	320 North Jefferson	Springfield	MO	65806	\$279,805	\$0	\$0	\$279,805	\$0
	407	X		Statewide	University of MO - Columbia	Sponsored Programs Admin 310	Columbia	MO	65211	\$16,962	\$0	\$0	\$16,962	\$0
	269	MO105087		Eastern	Westend Clinic	5736 West Florissant Avenue	Saint Louis	MO	63120	\$627,487	\$627,487	\$0	\$0	\$0
Total										\$24,351,515	\$19,772,631	\$2,596,443	\$4,578,884	\$0

* Indicates the imported record has an error.

Footnotes:

III: Expenditure Reports

Table 8a - Maintenance of Effort for State Expenditures for SAPT

Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment		
Period (A)	Expenditures (B)	<u>B1(2015) + B2(2016)</u> 2 (C)
SFY 2015 (1)	\$58,177,400	
SFY 2016 (2)	\$59,073,806	\$58,625,603
SFY 2017 (3)	\$61,815,842	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2015 Yes X No _____
 SFY 2016 Yes X No _____
 SFY 2017 Yes X No _____

Did the State or Jurisdiction have any **non-recurring expenditures** for a specific purpose which were not included in the MOE calculation?

Yes _____ No X

If yes, specify the amount and the State fiscal year: _____

If yes, SFY: _____

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes _____ No _____

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations? _____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

The SAPT Block Grant MOE is an average of the two prior year's state expenditures. State expenditures are tracked in the SAMII Accounting system by appropriation and project code when applicable.

Footnotes:

III: Expenditure Reports

Table 8b - Base and Maintenance of Effort for State Expenditures for TB

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment				
BASE				
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)	Average of Column C1 and C2 $\frac{C1+C2}{2}$ (MOE BASE)
(A)	(B)	(C)	(D)	
SFY 1991 (1)	\$421,670	0.06%	\$253	
SFY 1992 (2)	\$455,117	0.50%	\$2,276	\$1,264

State Expenditures for Tuberculosis Services to Individuals in Substance Use Disorder Treatment			
MAINTENANCE			
Period	Total of All State Funds Spent on TB Services	% of TB Expenditures Spent on Individuals in Substance Use Disorder Treatment	Total State Funds Spent on Individuals in Substance Use Disorders Treatment (A x B)
(A)	(B)	(C)	
SFY 2017 (3)	\$133,285	9.41%	\$12,542

Please provide a description of the amounts and methods used to calculate the base and Maintenance of Effort (MOE) for tuberculosis services as required by 42 U.S.C. §300x-24(d)

Amount is actual expenditures from the Departments of Mental Health (DMH), Corrections, Social Services, and Health and Senior Services.

The methodology is the same as that of the prior year. The Department of Corrections provides aggregated costs of TB services to inmates in correctional facilities, and associated costs to those inmates in institutional substance abuse treatment programs. The Department of Health and Senior Services provides aggregated non-federal costs of the number of clients treated for TB at local health departments. In addition, non-federal cost of the TB tests performed at local health departments is computed for clients referred from DMH-funded substance use treatment programs. The Department of Social Services provides statewide expenditures for claims with TB diagnosis codes per the Missouri Medicaid Management Information System. State Medicaid expenditures for TB treatment provided by DMH-funded substance use treatment programs represent the proportion of expenditures that were spent on substance users. The final

component of TB cost
determination is from the DMH information system which
captures services delivered to consumers by service code.
The payments for these
non-Medicaid TB services were summed and segregated by
funding source (Non-Federal or State Funds.)

Footnotes:

III: Expenditure Reports

Table 8c - Base and Maintenance of Effort for Expenditures for HIV Early Intervention Services

State Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment BASE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	Average of Columns A1 and A2 $\frac{A1+A2}{2}$ (MOE Base) (B)
(1) SFY <u>1991</u>	\$0	
(2) SFY <u>1992</u>	\$0	\$0

Statewide Non-Federal Expenditures for HIV Early Intervention Services to Individuals in Substance Use Disorder Treatment MAINTENANCE		
Period	Total of All State Funds Spent on Early Intervention Services for HIV (A)	
(3) SFY 2017		\$0

Please provide a description of the amounts and methods used to calculate (for designated states only) the base and MOE for HIV early intervention services as required by 42 U.S.C. §300x-24(d) (See 45 C.F.R. §96.122(f)(5)(ii)(A)(B)(C))

Footnotes:
Missouri is not an HIV designated state.

III: Expenditure Reports

Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children

Base		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 1994	\$7,728,020	

Maintenance		
Period	Total Women's Base (A)	Total Expenditures (B)
SFY 2015		\$9,808,612
SFY 2016		\$10,713,048
SFY 2017		\$12,088,562
Enter the amount the State plans to expend in 2018 for services for pregnant women and women with dependent children (amount entered must be not less than amount entered in Table IV Maintenance - Box A (1994)): \$ <u>12088562.00</u>		

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b)(1). The Division used the following method to calculate the amounts for the base and subsequent years for services to pregnant women and women with dependent children. The Department of Mental Health Customer Information Management, Outcomes and Reporting system captures services delivered to clients by service code. For the base year 1992, all payments for services to women at programs meeting the requirements of Section 1922(c) and Section 96.124 (e) were summed and segregated by funding source (Federal Block Grant and Non-Federal or State Funds).

Footnotes:

IV: Population and Services Reports

Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2014 Expenditure Period End Date: 9/30/2016

Column A (Risks)	Column B (Strategies)	Column C (Providers)
Children of substance abusers	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Pregnant women/teens	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22

	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Drop-outs	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Violent and delinquent behavior	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1

	2. Education	
	4. Education programs for youth groups	18
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Mental health problems	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12

	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
Economically disadvantaged	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	2. Education	
	1. Parenting and family management	3
	2. Ongoing classroom and/or small group sessions	8
	5. Mentors	4
	3. Alternatives	
	2. Youth/adult leadership activities	17
	6. Recreation activities	13
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
	6. Environmental	
	1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools	11
	2. Guidance and technical assistance on monitoring	

	enforcement governing availability and distribution of alcohol, tobacco, and other drugs	12
Physically disabled	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Abuse victims	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Already using	1. Information Dissemination	

substances		
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	1. Community and volunteer training, e.g., neighborhood action training, impactor-training, staff/officials training	19
	2. Systematic planning	12
	3. Multi-agency coordination and collaboration/coalition	13
	4. Community team-building	11
	5. Accessing services and funding	12
Homeless and/or runaway youth	1. Information Dissemination	
	1. Clearinghouse/information resources centers	12
	2. Resources directories	13
	4. Brochures	22
	7. Health fairs and other health promotion, e.g., conferences, meetings, seminars	13
	8. Information lines/Hot lines	1
	3. Alternatives	
	6. Recreation activities	12
	4. Problem Identification and Referral	
	4. School Screenings	4
	5. Community-Based Process	
	3. Multi-agency coordination and collaboration/coalition	13

Footnotes:

IV: Population and Services Reports

Table 10 - Treatment Utilization Matrix

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Level of Care	Number of Admissions \geq Number of Persons Served		Costs per Person		
	Number of Admissions (A)	Number of Persons Served (B)	Mean Cost of Services (C)	Median Cost of Services (D)	Standard Deviation of Cost (E)
DETOXIFICATION (24-HOUR CARE)					
1. Hospital Inpatient	288	248	\$1,690	\$1,439	\$940
2. Free-Standing Residential	5946	4973	\$1,058	\$487	\$1,402
REHABILITATION/RESIDENTIAL					
3. Hospital Inpatient	0	0	\$0	\$0	\$0
4. Short-term (up to 30 days)	9404	8385	\$4,399	\$3,148	\$4,703
5. Long-term (over 30 days)	0	0	\$0	\$0	\$0
AMBULATORY (OUTPATIENT)					
6. Outpatient	11616	11037	\$981	\$713	\$1,190
7. Intensive Outpatient	19728	17557	\$1,708	\$915	\$2,236
8. Detoxification	0	0	\$0	\$0	\$0
OPIOID REPLACEMENT THERAPY					
9. Opioid Replacement Therapy	838	813	\$2,376	\$2,038	\$1,708
10. ORT Outpatient	0	0	\$0	\$0	\$0

Footnotes:

IV: Population and Services Reports

Table 11 - Unduplicated Count of Persons

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Age	A. Total	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. Unknown		I. NOT HISPANIC OR LATINO		J. HISPANIC OR LATINO	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1. 17 and Under	1810	849	498	215	58	2	1	4	1	1	0	79	39	51	12	1143	587	58	22
2. 18 - 24	3768	1707	1295	366	158	2	2	3	1	5	2	89	59	47	32	2153	1496	66	53
3. 25 - 44	17533	7978	5940	2007	793	10	0	19	12	21	7	279	248	160	59	10232	6935	242	124
4. 45 - 64	6636	3176	1536	1244	445	1	0	3	4	13	5	108	34	51	16	4519	2012	77	28
5. 65 and Over	270	146	23	75	14	0	0	1	0	0	0	5	1	5	0	228	38	4	0
6. Total	30017	13856	9292	3907	1468	15	3	30	18	40	14	560	381	314	119	18275	11068	447	227
7. Pregnant Women	718		556		124		0		1		1		27		9		705		13
Number of persons served who were admitted in a period prior to the 12 month reporting period	7483																		
Number of persons served outside of the levels of care described on Table 10	11061																		

Footnotes:

Three consumers reported a gender other than male or female.

IV: Population and Services Reports

Table 12 - HIV Designated States Early Intervention Services

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Early Intervention Services for Human Immunodeficiency Virus (HIV)		
1. Number of SAPT HIV EIS programs funded in the State	Statewide: _____	Rural: _____
2. Total number of individuals tested through SAPT HIV EIS funded programs		
3. Total number of HIV tests conducted with SAPT HIV EIS funds		
4. Total number of tests that were positive for HIV		
5. Total number of individuals who prior to the 12-month reporting period were unaware of their HIV infection		
6. Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 12-month reporting period		
Identify barriers, including State laws and regulations, that exist in carrying out HIV testing services:		
<p>Footnotes: Missouri is not an HIV designated state.</p>		

IV: Population and Services Reports

Table 13 - Charitable Choice

Expenditure Period Start Date: 7/1/2016 Expenditure Period End Date: 6/30/2017

Notice to Program Beneficiaries - Check all that apply:

- ☒ Used model notice provided in final regulation.
- ☐ Used notice developed by State (please attach a copy to the Report).
- ☒ State has disseminated notice to religious organizations that are providers.
- ☒ State requires these religious organizations to give notice to all potential beneficiaries.

Referrals to Alternative Services - Check all that apply:

- ☐ State has developed specific referral system for this requirement.
- ☒ State has incorporated this requirement into existing referral system(s).
- ☒ SAMHSA's Treatment Facility Locator is used to help identify providers.
- ☒ Other networks and information systems are used to help identify providers.
- ☒ State maintains record of referrals made by religious organizations that are providers.
- ☒ 0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

The Access to Recovery (ATR) IV grant supports a voucher-based program, of which consumer choice is fundamental. Each consumer served can choose between at least two service providers, to which at least one they have no religious objection. That basic premise is repeated in all ATR policies and trainings. GPRA trainings and regional ATR trainings and meetings all reinforce consumer choice as a core aspect of ATR. Additionally, a free-choice statement is printed on every ATR voucher.

Footnotes:

V: Performance Indicators and Accomplishments

Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

Short-term Residential(SR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	1,816	1,840
Total number of clients with non-missing values on employment/student status [denominator]	7,919	7,919
Percent of clients employed or student (full-time and part-time)	22.9 %	23.2 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		5,397
Number of CY 2016 discharges submitted:		9,000
Number of CY 2016 discharges linked to an admission:		8,992
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,817
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		7,919

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]		
Total number of clients with non-missing values on employment/student status [denominator]		
Percent of clients employed or student (full-time and part-time)	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		0
Number of CY 2016 discharges submitted:		0
Number of CY 2016 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	3,247	3,577
Total number of clients with non-missing values on employment/student status [denominator]	6,122	6,122
Percent of clients employed or student (full-time and part-time)	53.0 %	58.4 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		8,129
Number of CY 2016 discharges submitted:		11,047
Number of CY 2016 discharges linked to an admission:		8,497
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,673
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		6,122

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients employed or student (full-time and part-time) [numerator]	4,824	5,043
Total number of clients with non-missing values on employment/student status [denominator]	14,133	14,133
Percent of clients employed or student (full-time and part-time)	34.1 %	35.7 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		15,442
Number of CY 2016 discharges submitted:		19,877
Number of CY 2016 discharges linked to an admission:		18,503
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17,526

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	14,133
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Footnotes:

Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

Short-term Residential(SR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	6,378	6,532
Total number of clients with non-missing values on living arrangements [denominator]	7,572	7,572
Percent of clients in stable living situation	84.2 %	86.3 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		5,397
Number of CY 2016 discharges submitted:		9,000
Number of CY 2016 discharges linked to an admission:		8,992
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,817
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		7,572

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]		
Total number of clients with non-missing values on living arrangements [denominator]		
Percent of clients in stable living situation	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		0
Number of CY 2016 discharges submitted:		0
Number of CY 2016 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	5,838	5,847
Total number of clients with non-missing values on living arrangements [denominator]	5,939	5,939
Percent of clients in stable living situation	98.3 %	98.5 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		8,129
Number of CY 2016 discharges submitted:		11,047
Number of CY 2016 discharges linked to an admission:		8,497
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,673
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		5,939

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients in a stable living situation [numerator]	12,798	12,848
Total number of clients with non-missing values on living arrangements [denominator]	13,561	13,561
Percent of clients in stable living situation	94.4 %	94.7 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		15,442
Number of CY 2016 discharges submitted:		19,877
Number of CY 2016 discharges linked to an admission:		18,503
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17,526

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	13,561
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Footnotes:

Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

Short-term Residential(SR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	6,776	7,014
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	7,879	7,879
Percent of clients without arrests	86.0 %	89.0 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		5,397
Number of CY 2016 discharges submitted:		9,000
Number of CY 2016 discharges linked to an admission:		8,992
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,817
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		7,879

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]		
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]		
Percent of clients without arrests	0.0 %	0.0 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		0
Number of CY 2016 discharges submitted:		0
Number of CY 2016 discharges linked to an admission:		0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		0

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	0
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	5,977	5,879
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	6,196	6,196
Percent of clients without arrests	96.5 %	94.9 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		8,129
Number of CY 2016 discharges submitted:		11,047
Number of CY 2016 discharges linked to an admission:		8,497
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,673
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		6,196

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of Clients without arrests [numerator]	12,889	12,774
Total number of Admission and Discharge clients with non-missing values on arrests [denominator]	13,957	13,957
Percent of clients without arrests	92.3 %	91.5 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		15,442
Number of CY 2016 discharges submitted:		19,877
Number of CY 2016 discharges linked to an admission:		18,503
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		17,526

Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	13,957
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Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Footnotes:
Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

Short-term Residential(SR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	5,783	6,541
All clients with non-missing values on at least one substance/frequency of use [denominator]	8,332	8,332
Percent of clients abstinent from alcohol	69.4 %	78.5 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		779
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	2,549	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		30.6 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		5,762
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,783	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.6 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		5,397
Number of CY 2016 discharges submitted:		9,000
Number of CY 2016 discharges linked to an admission:		8,992
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		8,817
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		8,332

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Long-term Residential(LR)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]		
All clients with non-missing values on at least one substance/frequency of use [denominator]		
Percent of clients abstinent from alcohol	0.0 %	0.0 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		0.0 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	0
Number of CY 2016 discharges submitted:	0
Number of CY 2016 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Outpatient (OP)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from alcohol [numerator]	6,239	6,826
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,139	7,139
Percent of clients abstinent from alcohol	87.4 %	95.6 %

B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		646
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	900	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		71.8 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		6,180
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,239	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		99.1 %
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		8,129
Number of CY 2016 discharges submitted:		11,047
Number of CY 2016 discharges linked to an admission:		8,497
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,673
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		7,139

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Intensive Outpatient (IO)

A. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol [numerator]	12,712	14,200
All clients with non-missing values on at least one substance/frequency of use [denominator]	16,107	16,107

Percent of clients abstinent from alcohol	78.9 %	88.2 %
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B. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator]		1,645
Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	3,395	
Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 / #T1 x 100]		48.5 %

C. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator]		12,555
Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	12,712	
Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100]		98.8 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	15,442
Number of CY 2016 discharges submitted:	19,877
Number of CY 2016 discharges linked to an admission:	18,503
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17,526
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	16,107

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Footnotes:

Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

Short-term Residential(SR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	1,910	3,754
All clients with non-missing values on at least one substance/frequency of use [denominator]	8,332	8,332
Percent of clients abstinent from drugs	22.9 %	45.1 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		1,884
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	6,422	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		29.3 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		1,870
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,910	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		97.9 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	5,397
Number of CY 2016 discharges submitted:	9,000
Number of CY 2016 discharges linked to an admission:	8,992
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	8,817
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	8,332

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Long-term Residential(LR)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]		
All clients with non-missing values on at least one substance/frequency of use [denominator]		
Percent of clients abstinent from drugs	0.0 %	0.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		0.0 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]		
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		0.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	0
Number of CY 2016 discharges submitted:	0
Number of CY 2016 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Outpatient (OP)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
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Number of clients abstinent from drugs [numerator]	5,891	6,570
All clients with non-missing values on at least one substance/frequency of use [denominator]	7,139	7,139
Percent of clients abstinent from drugs	82.5 %	92.0 %

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		794
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	1,248	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		63.6 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		5,776
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator]	5,891	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		98.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	8,129
Number of CY 2016 discharges submitted:	11,047
Number of CY 2016 discharges linked to an admission:	8,497
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	7,673
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	7,139

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Intensive Outpatient (IO)

A. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs [numerator]	8,365	11,551
All clients with non-missing values on at least one substance/frequency of use [denominator]	16,107	16,107

Percent of clients abstinent from drugs	51.9 %	71.7 %
-----------------------------------------	--------	--------

B. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator]		3,519
Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	7,742	
Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100]		45.5 %

C. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

	At Admission(T1)	At Discharge(T2)
Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator]		8,032
Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator])	8,365	
Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100]		96.0 %

Notes (for this level of care):

Number of CY 2016 admissions submitted:	15,442
Number of CY 2016 discharges submitted:	19,877
Number of CY 2016 discharges linked to an admission:	18,503
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17,526
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	16,107

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Footnotes:

Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

Short-term Residential(SR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,158	2,114
Total number of clients with non-missing values on self-help attendance [denominator]	7,865	7,865
Percent of clients attending self-help programs	14.7 %	26.9 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	12.2 %	
Notes (for this level of care):		
Number of CY 2016 admissions submitted:	5,397	
Number of CY 2016 discharges submitted:	9,000	
Number of CY 2016 discharges linked to an admission:	8,992	
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	8,817	
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	7,865	

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

		At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]			
Total number of clients with non-missing values on self-help attendance [denominator]			
Percent of clients attending self-help programs		0.0 %	0.0 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]		0.0 %	
Notes (for this level of care):			
Number of CY 2016 admissions submitted:			0
Number of CY 2016 discharges submitted:			0

Number of CY 2016 discharges linked to an admission:	0
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	0
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	0

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	1,869	1,990
Total number of clients with non-missing values on self-help attendance [denominator]	5,922	5,922
Percent of clients attending self-help programs	31.6 %	33.6 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	2.0 %	
Notes (for this level of care):		
Number of CY 2016 admissions submitted:		8,129
Number of CY 2016 discharges submitted:		11,047
Number of CY 2016 discharges linked to an admission:		8,497
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):		7,673
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):		5,922

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

	At Admission(T1)	At Discharge(T2)
Number of clients attending self-help programs [numerator]	3,191	3,292
Total number of clients with non-missing values on self-help attendance [denominator]	13,661	13,661
Percent of clients attending self-help programs	23.4 %	24.1 %
Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1]	0.7 %	
Notes (for this level of care):		

Number of CY 2016 admissions submitted:	15,442
Number of CY 2016 discharges submitted:	19,877
Number of CY 2016 discharges linked to an admission:	18,503
Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated):	17,526
Number of CY 2016 linked discharges eligible for this calculation (non-missing values):	13,661

Source: SAMHSA/CBHSQ TEDS CY 2016 admissions file and CY 2016 linked discharge file
[Records received through 5/1/2017]

Footnotes:

Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

Most recent year for which data are available

From: 7/1/2016

To: 6/30/2017

Level of Care	Average	Median	Interquartile Range
DETOXIFICATION (24-HOUR CARE)			
1. Hospital Inpatient			
2. Free-Standing Residential	5.12	3	18.19
REHABILITATION/RESIDENTIAL			
3. Hospital Inpatient			
4. Short-term (up to 30 days)	25.66	20	27.14
5. Long-term (over 30 days)			
AMBULATORY (OUTPATIENT)			
6. Outpatient	107.51	76	116.03
7. Intensive Outpatient	81.66	51	98.48
8. Detoxification			
OPIOID REPLACEMENT THERAPY			
9. Opioid Replacement Therapy	364.46	92.5	779.95
10. ORT Outpatient			

Footnotes:

Missouri does not have long-term residential treatment.

V: Performance Indicators and Accomplishments

Table 21 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: 30 Day Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. 30-day Alcohol Use	Source Survey Item: NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from [DATEFILL] through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used alcohol during the past 30 days.		
	Age 12 - 17 - CY 2015	9.6	
	Age 18+ - CY 2015	55.4	
2. 30-day Cigarette Use	Source Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having smoked a cigarette during the past 30 days.		
	Age 12 - 17 - CY 2015	7.3	
	Age 18+ - CY 2015	26.2	
3. 30-day Use of Other Tobacco Products	Survey Item: NSDUH Questionnaire: "During the past 30 days, that is, since [DATEFILL], on how many days did you use [other tobacco products] ^[1] ?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (snuff, chewing tobacco, pipe tobacco).		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. 30-day Use of Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.] Outcome Reported: Percent who reported having used marijuana or hashish during the past 30 days.		
	Age 12 - 17 - CY 2015	5.7	
	Age 18+ - CY 2015	7.9	
5. 30-day Use of Illegal Drugs Other Than Marijuana	Source Survey Item: NSDUH Questionnaire: "Think specifically about the past 30 days, from [DATEFILL] up to and including today. During the past 30 days, on how many days did you use [any other illegal drug] ^[2] ? Outcome Reported: Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, stimulants, hallucinogens, inhalants, prescription drugs used without doctors' orders).		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

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[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes.
[2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

Footnotes:

V: Performance Indicators and Accomplishments

Table 22 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception Of Risk/Harm of Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Perception of Risk From Alcohol	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
2. Perception of Risk From Cigarettes	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
3. Perception of Risk From Marijuana	Source Survey Item: NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk] Outcome Reported: Percent reporting moderate or great risk.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

Footnotes:

V: Performance Indicators and Accomplishments

Table 23 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Age of First Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Age at First Use of Alcohol	Source Survey Item: NSDUH Questionnaire: "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of alcohol.		
	Age 12 - 17 - CY 2015	13.8	
	Age 18+ - CY 2015	17.1	
2. Age at First Use of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of cigarettes.		
	Age 12 - 17 - CY 2015	13.0	
	Age 18+ - CY 2015	15.8	
3. Age at First Use of Tobacco Products Other Than Cigarettes	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product] ^[1] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of tobacco products other than cigarettes.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		
4. Age at First Use of Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of marijuana or hashish.		
	Age 12 - 17 - CY 2015	14.1	
	Age 18+ - CY 2015	18.3	
5. Age at First Use of Illegal Drugs Other Than Marijuana or Hashish	Source Survey Item: NSDUH Questionnaire: "How old were you the first time you used [other illegal drugs] ^[2] ?[Response option: Write in age at first use.] Outcome Reported: Average age at first use of other illegal drugs.		
	Age 12 - 17 - CY 2015		
	Age 18+ - CY 2015		

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure.

[2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

Footnotes:

V: Performance Indicators and Accomplishments

Table 24 - Prevention Performance Measures - Reduced Morbidity-Abstinence from Drug Use/Alcohol Use; Measure: Perception of Disapproval/Attitudes

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	93.5	
2. Perception of Peer Disapproval of Cigarettes	Source Survey Item: NSDUH Questionnaire: "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent reporting that their friends would somewhat or strongly disapprove.		
	Age 12 - 17 - CY 2015		
3. Disapproval of Using Marijuana Experimentally	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015		
4. Disapproval of Using Marijuana Regularly	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	88.3	
5. Disapproval of Alcohol	Source Survey Item: NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove] Outcome Reported: Percent somewhat or strongly disapproving.		
	Age 12 - 17 - CY 2015	88.1	

Footnotes:

V: Performance Indicators and Accomplishments

Table 25 - Prevention Performance Measures - Employment/Education; Measure: Perception of Workplace Policy

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Perception of Workplace Policy	Source Survey Item: NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference] Outcome Reported: Percent reporting that they would be more likely to work for an employer conducting random drug and alcohol tests.		
	Age 18+ - CY 2015		
	Age 12 - 17 - CY 2015		

Footnotes:

V: Performance Indicators and Accomplishments

Table 26 - Prevention Performance Measures - Employment/Education; Measure: Average Daily School Attendance Rate

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Average Daily School Attendance Rate	Source: National Center for Education Statistics, Common Core of Data: <i>The National Public Education Finance Survey</i> available for download at http://nces.ed.gov/ccd/stfis.asp . Measure calculation: Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100.		
	School Year 2014		

Footnotes:

V: Performance Indicators and Accomplishments

Table 27 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol-Related Traffic Fatalities

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol-Related Traffic Fatalities	Source: National Highway Traffic Safety Administration Fatality Analysis Reporting System Measure calculation: The number of alcohol-related traffic fatalities divided by the total number of traffic fatalities and multiplied by 100.		
	CY 2015		

Footnotes:

V: Performance Indicators and Accomplishments

Table 28 - Prevention Performance Measures - Crime and Criminal Justice; Measure: Alcohol and Drug Related Arrests

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Alcohol- and Drug- Related Arrests	Source: Federal Bureau of Investigation Uniform Crime Reports Measure calculation: The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100.		
	CY 2015		

Footnotes:

V: Performance Indicators and Accomplishments

Table 29 - Prevention Performance Measures - Social Connectedness; Measure: Family Communications Around Drug and Alcohol Use

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
1. Family Communications Around Drug and Alcohol Use (Youth)	Source Survey Item: NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No] Outcome Reported: Percent reporting having talked with a parent.		
	Age 12 - 17 - CY 2015		
2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12-17)	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs? ^[1] [Response options: 0 times, 1 to 2 times, a few times, many times] Outcome Reported: Percent of parents reporting that they have talked to their child.		
	Age 18+ - CY 2015	84.8	

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

Footnotes:

V: Performance Indicators and Accomplishments

Table 30 - Prevention Performance Measures - Retention; Measure: Percentage of Youth Seeing, Reading, Watching, or Listening to a Prevention Message

A. Measure	B. Question/Response	C. Pre- populated Data	D. Approved Substitute Data
Exposure to Prevention Messages	Source Survey Item: NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use] ^[1] ?" Outcome Reported: Percent reporting having been exposed to prevention message.		
	Age 12 - 17 - CY 2015		

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context having been exposed to prevention message.

Footnotes:

V: Performance Indicators and Accomplishments

Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

Tables	A. Reporting Period Start Date	B. Reporting Period End Date
1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity	1/1/2015	12/31/2015
3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention	1/1/2015	12/31/2015
4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention	1/1/2015	12/31/2015
5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies	10/1/2014	9/30/2016

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Footnotes:

V: Performance Indicators and Accomplishments

Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	878
5-11	11607
12-14	14101
15-17	13171
18-20	2047
21-24	1974
25-44	17366
45-64	8307
65 and over	717
Age Not Known	215830
Gender	
Male	31688
Female	37785
Gender Unknown	216525
Race	
White	53417
Black or African American	9271
Native Hawaiian/Other Pacific Islander	825
Asian	68
American Indian/Alaska Native	185
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	222232
Ethnicity	
Hispanic or Latino	2642
Not Hispanic or Latino	283356
Ethnicity Unknown	

Question 1: Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

Missouri used a manual process data collection system.

Question 2: Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether the State added those participants to the number for each applicable racial category or whether the State added all those participants to the More Than One Race subcategory.

Missouri collects and records a participant's race through a manual collection process. Participants who were more than one race were reported under either a single race or "race not known or other" - the state does not use more than one race category.

Footnotes:

The "Not Hispanic or Latino" group includes 223,700 whose ethnicity is unknown and 59,656 who are not Hispanic or Latino.

V: Performance Indicators and Accomplishments

Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

Category	Total
Age	
0-4	0
5-11	155945
12-14	233402
15-17	239791
18-20	239714
21-24	347685
25-44	1539442
45-64	1610433
65 and over	361217
Age Not Known	0
Gender	
Male	2345434
Female	2382195
Gender Unknown	0
Race	
White	3984836
Black or African American	593273
Native Hawaiian/Other Pacific Islander	0
Asian	115751
American Indian/Alaska Native	33769
More Than One Race (not OMB required)	0

Race Not Known or Other (not OMB required)	0
Ethnicity	
Hispanic or Latino	186295
Not Hispanic or Latino	4541334
Ethnicity Unknown	0

Footnotes:

V: Performance Indicators and Accomplishments

Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

Number of Persons Served by Individual- or Population-Based Program or Strategy

Intervention Type	A. Individual-Based Programs and Strategies	B. Population-Based Programs and Strategies
1. Universal Direct		N/A
2. Universal Indirect	N/A	
3. Selective		N/A
4. Indicated		N/A
5. Total	0	0

Footnotes:
Missouri is opting out of this form.

V: Performance Indicators and Accomplishments

Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, **Identifying and Selecting Evidence-based Interventions**, provides the following definition for evidence-based programs:

- Inclusion in a Federal List or Registry of evidence-based interventions
- Being reported (with positive effects) in a peer-reviewed journal
- Documentation of effectiveness based on the following guidelines:
 - Guideline 1:
The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and
 - Guideline 2:
The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and
 - Guideline 3:
The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and
 - Guideline 4:
The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

1. Describe the process the State will use to implement the guidelines included in the above definition.

Missouri utilizes the Strategic Prevention Framework model to implement the four guidelines. The process includes: assessment of the community needs and readiness; capacity building to mobilize and address the needs of the community; development of a prevention plan to identify the activities, programs, and strategies necessary to address the needs; implementation of the prevention plan; and, evaluation of the results to achieve sustainability and cultural competency. Missouri identifies appropriate strategies based on validated research, empirical evidence of effectiveness, and the use of local, state, and federal key community prevention leaders such as National Prevention Network and SAMHSA's Center for Substance Abuse Prevention. The Division of Behavioral Health ultimately determines whether or not a chosen intervention falls under the parameters of the guidelines.

2. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Missouri collects data on the number of programs and strategies through a combined electronic and manual collection process utilizing monthly progress and fidelity reporting forms.

Table 34 - SUBSTANCE ABUSE PREVENTION Number of Evidence-Based Programs and Strategies by Type of Intervention

	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
1. Number of Evidence-Based Programs and Strategies Funded	360	373	733	110	0	843
2. Total number of Programs and Strategies Funded	360	373	733	110	0	843
3. Percent of Evidence-Based Programs and Strategies	100.00 %	100.00 %	100.00 %	100.00 %		100.00 %

Footnotes:

V: Performance Indicators and Accomplishments

Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

Total Number of Evidence-Based Programs/Strategies for IOM Category Below		Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies
Universal Direct	Total # <input type="text" value="654"/>	\$ <input type="text" value="2374999.00"/>
Universal Indirect	Total # <input type="text" value="800"/>	\$ <input type="text" value="455729.00"/>
Selective	Total # <input type="text" value="184"/>	\$ <input type="text" value="1748156.00"/>
Indicated	Total # <input type="text" value="0"/>	\$ <input type="text" value="0.00"/>
	Total EBPs: 1638	Total Dollars Spent: \$4578884.00

Footnotes:

V: Performance Indicators and Accomplishments

Prevention Attachments

Submission Uploads

FFY 2016 Prevention Attachment Category A:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category B:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category C:		
File	Version	Date Added

FFY 2016 Prevention Attachment Category D:		
File	Version	Date Added

Footnotes: